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EDITORIAL COMMENT

THE AMERICAN HOSPITAL ASSOCIATION AND NURSING EDUCATION

PROGRESS in nursing education has been in a measure, at a standstill for some little time because of indecision on two important points,—the first being whether or not hospitals are to be equipped to fill the place of educational institutions for the training of nurses; the second being the length of time of training, whether two years or three.

Broadly speaking, whatever progress has been made in nursing education the world over has been accomplished only with the consent and coöperation of the boards of managers of hospitals maintaining training schools. At the meeting of the American Hospital Association held in Toronto, September 29–October 2, 1908, one session was devoted to papers and discussions on the various phases of nursing education. It will be remembered that the membership of this association was broadened last year to include hospital managers, and that a large proportion of the members are nurses holding the double position of superintendent of the hospital and training school. In his address as president, Dr. Goldwater recommended that the eligibility be still further broadened to include superintendents and assistant superintendents of training schools, and that the scope of the association be made to include every phase of caring for the sick in hospitals.

Papers were read by Miss C. A. Aikens of Detroit on "The Relation of the Training School to Hospital Efficiency"; by the Reverend A. S. Kavanagh, D.D., of the Methodist Episcopal Hospital, Brooklyn, on "Report of the Subcommittee on the Training of Nurses"; and, by invitation, by Anna L. Alline, R.N., inspector of nurse training schools of New York State, on "Inspection of Nurse Training Schools, Its Aims and Results"; and by Adelaide Nutting, R.N., director of the Hospital Economics Course, Teachers' College, New York, on "Some

Problems of the Training School." These papers have been published in the *National Hospital Record*, the official organ of the association, in the October and November issues.

Dr. Kavanagh, in closing his paper, offered a resolution which, after some amendments, was adopted in the following form:

RESOLVED: That a committee be appointed, consisting of seven members of this organization, whose duty it shall be:

First.—To seek information from leading physicians, surgeons, nurses and training-school committees, and from every available source, bearing upon the curriculum and length of the course of training of our nurses;

Second.—To consider to what extent hospitals should undertake to prepare a class of nurse helpers or assistants;

Third.—To present a model curriculum, containing only such subjects as they deem necessary for the proper training of a regular nurse or a nurse helper, and to report at the next annual meeting of this association.

RESOLVED FURTHERMORE: That the treasurer be authorized to pay the expenses of said committee.

The following persons have accepted appointments on this committee: Henry M. Hurd, M.D., Johns Hopkins Hospital, Baltimore; W. L. Babcock, M.D., Grace Hospital, Detroit; F. A. Washburn, M.D., Massachusetts General Hospital, Boston; Mary M. Riddle, Newton Hospital, Newton Lower Falls; Mary L. Keith, Rochester City Hospital, Rochester; Charlotte M. Aikens, Detroit; and John M. Peters, M.D., Rhode Island Hospital, Providence, ex-officio.

We believe that through the findings of this committee will be reached definite conclusions which will lead to a harmonious agreement of the mooted questions referred to above. Such a searching inquiry into nursing conditions by an association composed of men and women, hospital managers and superintendents, nurses and doctors, must lead ultimately to good results. One meeting has been held, in New York, on December 15.

We would call the attention of the great body of private duty nurses to that clause in these resolutions which refers to the preparation of a class of nurse helpers or assistants. This proposition is not new, it has been discussed in many cities, by different groups of physicians. It is now under consideration by a medical association of St. Paul, which is looking for a hospital in which to train such helpers, the object being to provide cheaper nurses for the great middle class.

The subject of providing skilled nursing for the vast multitude of

people who cannot afford to pay the regular charges has been discussed by our national, state, and local associations without coming to any satisfactory solution of the problem. We believe that unless some practical conclusion can be reached by the nursing body to provide such service by regular graduates, we shall have to accept a cheaper grade of nurse, who will be endorsed by hospitals and physicians, which will lower the standard of care given such patients, and prove a very serious commercial competitor in the field of nursing.

We recommend to the state associations that they take up the question of the sliding scale seriously and ask for a conference with their state medical association, a committee being appointed from each association to meet and draw up a plan to be submitted for adoption to the two associations. It goes without saying that the sliding scale cannot be put into operation by the individual nurse without the support of the medical profession as a whole, but we believe the medical profession will see the wisdom and justice of such a plan when it is placed before them by the state nurses' associations.

REFERENCE LIBRARIES FOR GRADUATE NURSES

THE letter from T. B. H. found on another page, suggests a condition which we had not realized existed in what we might consider our good training schools. The plan suggested is an excellent one, and we recommend to alumnæ associations, that are without special aims for work, that they take up this matter with the managers of their hospitals, and establish small libraries to which both graduates and pupils shall have access.

In a broader way we think it is a timely subject for the state associations—to consider the establishment of travelling libraries to be loaned in turn to the different local associations for a certain number of weeks or months at a time. These books could be obtained to a considerable extent by donations from members who have copies of text and reference books which they would be glad to dispose of in this way. A small appropriation each year from the society funds would keep such libraries stocked and up to date. When these libraries are received by the local associations, the books would be loaned to the individual members in turn.

A letter from another correspondent includes a suggestion which bears upon this same subject. The writer asks for suggestions for a course of study for an alumnæ association and speaks of the interest in the examination questions which are published from the different states. She gives as a reason for not taking up these subjects the difficulty of having access to the books that would be required.

This brings to our mind the suggestion that it would be very interesting if an alumnæ association would take up in connection with the social or other subjects on its program, some one subject covered by the examinations for the season. For instance, bacteriology could be chosen, taking that subject in its relation to the home, to public health, surgery, obstetrics, etc. By combining questions on this subject from the different states, topics would be suggested which could be distributed among the members to study up, and submit brief abstracts or papers. In succeeding years, as the need seemed to be most pressing, other subjects could be taken in turn. In connection with such study the travelling library would be invaluable.

When we consider how few really good nursing books there are, we think one started with even a dozen volumes would be very valuable. As a nucleus to choose from, we would suggest the following: "History of Nursing," Nutting and Dock; the books on general nursing by Robb, McIsaac, Maxwell and Pope; "Nursing Ethics," Robb; "Hygiene for Nurses," McIsaac; "Essentials of Dietetics," Pope and Carpenter; "Bacteria, Yeasts and Molds," Conn; "Obstetrics for Nurses," DeLee; "Consumption and Civilization," Huber; "Anatomy and Physiology," Kimber; "Dietetics," Friedenwald and Ruhräh; "Personal Hygiene," Pyle; Cooke's "Obstetrics;" the lives of Dorothea Dix and Florence Nightingale; "Confessio Medici;" "Consumption, How to Prevent It and How to Live with It," N. S. Davis; "Chasing the Cure in Colorado," Galbreath; "Nursing the Insane," Barrus; Thompson's "Dietetics;" "Food and Its Functions," Knight; "Fundamentals of Child Study," Kirkpatrick; "Nursing the Nervous and Insane," Mills; "Prophylaxis of Syphilis," Maisouneuve.

APHTHOUS FEVER

THE epidemic of aphthous fever, or foot and mouth disease, which is prevalent in the stock-yards and on the farms in a number of counties of western New York and Pennsylvania, is a matter for very grave anxiety. This disease is very highly infectious, affecting all cloven-footed animals, and may be transmitted to horses, dogs, cats, poultry, birds and man; children being most frequently infected from the use of raw milk of diseased cows. It may be carried in hay, straw, grain, manure, bags, blankets, etc., from places where diseased animals have been. It is necessary to guard against the spread of infection by dogs, cats, and birds, such as pigeons and sparrows.

The virus is most difficult to destroy, having been found in manure piles six months after an outbreak of the disease. The infection is taken through the digestive or respiratory tract or through the skin or

blood. The period of incubation is from one to five days, symptoms being hot dry mouth, slow careful chewing, grinding of the teeth, an excess secretion of mucus or saliva, the animal works the tongue and makes a clicking or smacking sound, there is froth about the lips. In attempting to eat any hard substance, the head is held high to avoid sore places in the throat. The second stage is one of eruption; the third, erosion; and the fourth, sloughing. The after-affect is debilitation, making such animals unprofitable; the breeding of stock has to be stopped.

Wherever this disease has appeared, a rigid quarantine has been enforced, which includes not only the animals but the men who have been employed in their care. Whole herds of cows, upon which farmers are dependent for their maintenance, are being destroyed, but some compensation is given by both the federal and state governments.

A NEW OPPORTUNITY FOR TEACHERS OF NURSES

THE Commission of Lunacy of the State of New York has, after very careful consideration, decided on the appointment of an additional number of superintendents of nurses for the training schools in the insane hospitals. The announcement is made on another page of the State Civil Service examination for such positions, which will be held in the latter part of January. There are three appointments to be filled, with salaries of twelve hundred dollars each. For particulars as to time, place, etc., application should be made to the Chief Examiner of the State Civil Service, Albany, N. Y.

It is to be hoped that a splendid group of women will take this examination, for there is no branch of nursing in which the highest type of woman with the best professional attainments is more greatly needed. The bringing into the teaching force women with general hospital knowledge is a great step forward in the training of nurses for the care of the insane.

PROGRESS OF STATE REGISTRATION

THE Michigan nurses are again preparing to enter the legislative field and have prepared an excellent bill, the passage of which they hope this year to be able to secure. Although previously defeated, they have not lost courage nor their high standard.

In South Carolina, the state association is discussing registration. A bill was drawn up a year ago but was not carried forward because of the opposition of great numbers of small hospitals. In that state the great majority of the hospitals are of fifteen beds or less; they are really chartered infirmaries, where training is done by the physicians who are the proprietors, and the nurses leading the movement are confronted

with the problem of recognizing this class of institution or of postponing the effort to secure a proper bill.

The general agitation of the subject over the country will eventually, we believe, better such conditions, and while the situation is most disheartening, we believe time and patience will, in the end, bring success. Such states will recognize the necessity for registration when they are so without means of protection that all of the riffraff from the registered states flock over their borders in order to find occupation.

The new state of Oklahoma is preparing a bill which we shall comment on in a later number.

The Massachusetts nurses are strengthening their forces.

DISPOSITION OF FUNDS

Miss Nutting, chairman of the nurses' committee for the International Congress on Tuberculosis, is sending out a request for information as to what shall be done with the funds on hand, about five hundred and fifty dollars, contributed for the nurses' exhibit, which it was found impossible to carry out. Those who contributed to the fund are asked to say whether they wish the money returned or applied to some nursing matter of general interest. Miss Nutting may be addressed at Teachers' College, New York. We venture to suggest as two good uses for this fund the endowment fund of Teachers' College or the Journal fund of the Associated Alumnæ, or both.

NEW YEAR RESOLUTIONS

Among the good resolutions which our readers are making for the new year, we hope there is to be a little place in a warm corner of their hearts, for one for the welfare of the Journal. We want to remind our stockholders, our subscribers, and our readers who are not subscribers, that the future welfare of their magazine depends upon the interest and support which each one takes in it. We want to make again our appeal of some years ago, that each subscriber shall secure at least one new name for the subscription list.

We want to remind those organizations holding stock, that in becoming members of the Journal Company they have assumed an obligation for its professional and financial success. The few people who are paid to carry on the work of the Journal cannot, unaided by their professional associates, make of the Journal an interesting magazine and a paying business enterprise. There has never been a year when the Journal has seemed to give greater satisfaction to the masses than the one that has just closed. It becomes with each issue a more influential and far-reaching educational factor, and if its pages

are to be increased and its subject matter made more interesting, there must be not only a continued, but an increasing, support from all of those forces which have led to its establishment and development. We have a word to say especially to those nurses who read the JOURNAL but who do not subscribe for it. We wish it to be read, and we give it freely and thankfully to those who are unable for any reason to subscribe for it, and we know there are many on that list. But we know also that there are great numbers of prosperous nurses who borrow the JOURNAL from their friends, or who glance it over hastily at a club, who should feel themselves under obligation to bear their share of the financial support of the magazine which their profession is publishing for their benefit.

Changing addresses need not be an unsurmountable obstacle, for the business office is only too happy to make the changes as often as asked, care being taken in each instance to give old and new address both, that there be no chance for mistake.

The Hartford Hospital alumnæ have established a precedent which we commend to others. In a series of monthly meetings decided upon, one subject for early consideration was "The Advantage Derived from the AMERICAN JOURNAL OF NURSING by the Nurse in Private Work," and a committee was appointed to arouse interest in the JOURNAL and obtain subscriptions for it. We think every association affiliated with the Associated Alumnæ should devote at least one meeting a year to this subject. The Associated Alumnæ is slowly but surely acquiring the JOURNAL stock, and in a very few years the burden of its financial support will rest upon that organization, and not upon the few individual stockholders and alumnæ associations that now stand back of it. The habit of supporting the official organ of the national society should be formed before the entire obligation is assumed.

POSTGRADUATE WORK*

By ANNIE W. GOODRICH, R.N.
General Superintendent of Nurses, Bellevue and Allied Hospitals

I HAVE been asked to present a subject in which I am deeply interested, and to which during the past eighteen months I have given not a little thought, and if I fail to speak of postgraduate work convincingly and instructively, I beg you to believe that the fault lies with the speaker and not with the cause, and the speaker's plea will be that it is not usually in the heat of the battle that methods of warfare are discussed, or its history written; the fighters being for the moment very properly far too busy to talk.

When, a little more than a year ago, we found it necessary to supply a nursing force to two new outlying hospitals of one hundred and fifty beds each, with a training school whose number barely met the needs of the main hospital, Bellevue, it seemed an opportune moment to make a practical tr[illegible] postgraduate work.

Believing [illegible]t our unusually varied and active service would allow the students the privilege of selecting their courses, we placed a notice in the AMERICAN JOURNAL OF NURSING, and in the *Canadian Journal of Nursing*, to the effect that elective postgraduate courses were offered. We issued a circular stating our few requirements, namely: that applicants must be graduates of training schools qualifying for state registration, and offering a three months' course in medical and surgical nursing, two months in obstetrics, one month in special service, such as tuberculosis, erysipelas and insane, a course of three months leading to a certificate; the first month in all cases being probationary. We required attendance at the lectures and classes bearing upon the selected courses, and the hospital provided maintenance and an allowance of $25 a month.

We have received from forty-five to fifty applications monthly; about a hundred pupils have been enrolled for courses of from three to nine months; some sixty certificates have been awarded, and all the vacancies we can promise (we carry about sixty continuously) between now and next May have been applied for.

We found it necessary, after a few months' experiment, for the institution and the pupils, to alter the arrangement of the courses.

* Read at the seventh annual meeting of the New York State Nurses' Association, Buffalo, N. Y.

A very large majority desired surgical experience only, and in justice to the schools affiliating for a general course, and to prevent too frequent changes, we were obliged to make the surgical service part of a six months' course.

A large proportion of applicants were from training schools connected with hospitals for the insane (they almost without exception request surgery and obstetrics) and a very short experience convinced us that we should not be justified in giving these graduates a certificate for less than a nine months' general course. A certain proportion of the applicants desired to fit themselves for executive positions, and one of our outlying hospitals, offering exceptional opportunities for such a course, Miss Stone, formerly of the Presbyterian, to whom I am much indebted for the able solution of many problems of organization and instruction at Fordham Hospital, of which she was recently the superintendent of nurses, outlined the following courses in practical executive work, for which we have since entered five nurses.

PRACTICAL EXECUTIVE WORK (Six Months).—General ward work, two months; operating, children's or maternity ward, one month; assistant to night superintendent, one month; executive work and outpatient department, two months.

INSTRUCTIONS GIVEN BY HEAD NURSES (Three Months).—Ward methods, preparations, treatment and general care of patients.

NIGHT SUPERINTENDENT (One Month).—Admitting patients; attending operations; general assistance through wards when needed; substituting for night superintendent at off-duty time.

EXTRA COURSE.—Instructions and practical lessons in cooking, ten lessons; the expense of this course to be met by the pupil.

MATRON AND HOUSEKEEPER (Two Months).—Laundry work, equipment and supplies; standard, care, and daily distribution of linen; making rounds; engaging help; planning and arranging of daily work; inspection and care of food and household supplies; plan and preparation of daily menus; giving out supplies weekly; relieving matron for off-duty hours; taking evening ward report every second Sunday.

OUTPATIENT DEPARTMENT.—10 to 12 A.M.; 2 to 4 P.M. Assisting with dressing; examinations and admitting of patients.

INSTRUCTIONS BY THE SUPERINTENDENT.—Form of requisition, selection, purchase and distribution of supplies; general office work and hospital management.

DEMONSTRATIONS.—One operating room technic; one maternity ward; admission to general demonstrations.

We now, therefore, divide our pupils into two classes: those desiring preparation for executive positions, and those desiring further preparation for general nursing. The latter class might be subdivided as follows: graduates of general hospitals desiring to refresh their memories and to familiarize themselves with recent methods and technic;

graduates of general hospitals who desire the courses which the hospitals from which they graduated were unable to supply (these are usually infants and children, obstetrics, and sometimes medical); graduates of training schools connected with hospitals for the insane who desire to prepare themselves for general nursing.

A certain number who apply state very candidly that they desire to establish themselves in New York, and believe that our courses will assist them to do so. A few apply because they cannot obtain employment, and the monthly allowance is an inducement.

I have ventured to give this brief and incomplete history of our work, as I think it presents the question in its most practical light. That there is a need for such courses is evidenced by the number of applications which we have received, for we are not, of course, the only institution offering such work.

We are receiving applications, not only from this country, but from the other side. We have, in the past few months, had with us in the different departments, young women from California and the intermediate states, from Canada, from Denmark and from England, and the appreciation in the main of these pupils is gratifying and encouraging.

A comparison of the two schools, the postgraduate and the pupil, naturally suggests itself. There is not any question, I think, that the difficulties attending the postgraduate course are greater. The frequent changes involve constant planning and greatly increase the correspondence. The applicants do not always appreciate the responsibilities as far as their appointments are concerned, and the most difficult problem is to arrange for systematic courses of instruction. We feared criticism from the medical staff, but their criticism has been almost invariably commendatory, and they have on several occasions expressed themselves as interested and pleased with the experiment. But whatever the difficulties, and I maintain they are comparatively few, the justification of the work lies in its result to the profession and to the community. If these pupils obtain what they are willing to sacrifice weeks or months to obtain, and what we propose to give them, they are elevating the standard of nursing. We all appreciate that it is the great increase in the nursing staff of the institution that is lowering our standards of admission. If our average number of postgraduate pupils is fifty, and the average course is six months (this, I think, would be a fair statement), we shall, in two years and six months, have given the advantages of such instruction as we can offer to two hundred and fifty women, who are already members of the nursing profession, having had

not less than two years' experience. Without these women, we should have had to increase the number in the training school to fifty, within the same period.

The question of allowance is worthy of some consideration, and is a matter dependent mainly, I think, upon the course or courses, and the conditions under which they are taken. For the pupils entering for courses of from six or more months of general work, whose service in the ward materially lessens the nursing expense of the institution, I believe that an allowance sufficient to cover, or perhaps to even more than cover, their expenses is not unreasonable. There are few members of our profession who are not self-supporting, and many who have others dependent upon them, and to relieve them of the mental anxiety such conditions give rise to, thereby allowing them to give their whole mind and attention to the obtaining of the desired experience, is, I believe, both wise and right. It was for this reason that the allowance for our postgraduate pupils was fixed at twenty-five dollars a month. If, however, the institution would equip each ward with a sufficient number of graduate nurses (not less than two), one to make the necessary rounds with the visitors and interne staff and to attend to the clinics, and the others to constantly supervise and instruct the pupils in the care and treatment of the patients, and if they should eliminate all the duties that are now considered part of the nurses' work, such as the daily dusting and cleaning of the ward equipment, and other duties, thorough instruction in which, I believe, should be given during the preparatory course, but which have no further place in the training of the nurse, and which could well be relegated to, and could be more systematically carried out perhaps, by the ward maids (the arrangement necessitating not more, I think, than two maids to the average ward of twenty-one patients), the institution would then be justified in meeting the maintenance of the pupils only, and I believe the result for the students would be infinitely better; the desired experience being acquired with less physical strain, in a shorter period, and the work carried on, an important factor, under constant and proper instruction.

The question of an allowance for those desiring experience in executive and teaching departments, or those desiring a few days' or weeks' experience in special departments, such as the convalescent relief work or tuberculosis work, needs no discussion, as there is no service rendered to the institution; on the contrary, it is usually a tax upon the already overburdened assistants or heads of their departments. If, however, the spirit of the institution were broad enough, as is very frequently the case, to desire to extend the benefits of its teaching to the community

at large, it would not seem unreasonable that these students' maintenance expense be met. In the case of those students sent by institutions who desire to open these special departments, it would seem more reasonable to expect that this be met by the institution or body for whose special work they are being prepared.

All these questions of allowance and length of course, etc., will gradually be adjusted, and we shall work steadily on at the problem, affiliating with schools where we can offer courses that they require to qualify for registration, giving such postgraduate courses as we have already discussed, believing that however far off it may seem, we are, nevertheless, being forced nearer and nearer to the one solution of the whole problem, a solution which has already been voiced by our best thinkers. "Wherein," I ask the different assistants, "lies your chief difficulty with the postgraduate student?" and the unanimous verdict, however expressed, is the lack of uniformity in training-school method and curricula.

"Do you really think that theoretical instruction is required by students who already hold diplomas, and if so in what subjects?" and the unanimity of this reply is rather curious, and to the effect that while other instruction would be desirable, some instruction in materia medica is absolutely necessary, as they would scarcely dare to place these pupils upon the wards without it.

How evident it is that the only solution of the problem is the school or schools of nursing, preferably in connection with a university; the preparatory courses comprising thorough instruction in all matters pertaining to the household, which nurses should be conversant with who are going into the field of private work; thorough instruction in all essential theory, and very much more instruction in nursing technic and methods than at the first moment seems possible. This preparatory course to be followed by the service in the hospital, under such a corps of instructors and assistants in the wards as we have already suggested. For those who desire to specialize as executives, or in other nursing fields, the school should offer the advanced courses such as have already been established at Teachers' College, again followed by the practical experience in the institution. For executives, somewhat such a course in the administrative departments as we have outlined for Fordham Hospital, and which, I am sure, could be arranged in many institutions, and for those desiring to enter the philanthropic field, such as the tuberculosis or convalescent relief work, a few weeks' actual experience in these departments in hospitals where they are already established.

It is very simple, very logical, and if we can only have the strength

and patience to wait for it, very sure to come. Those of us who are connected with the administrative staff of the training school realize that our burden of responsibility is so great, because it is a threefold responsibility; a responsibility to the pupil whose thorough grounding in all that is essential for the nurse before entering the profession (instruction which might well extend over a period of eight months, unhampered by the hospital service) is dependent upon us; a responsibility to the public who have the right to expect certain standards of young women holding diplomas and registered by the state; a responsibility and a very great responsibility, to the patients of the hospital with whose care and treatment the instruction to be given the nurse should not interfere.

THE ORGANIZATION OF NURSES' CLUBS AND DIRECTORIES UNDER STATE ASSOCIATIONS *

By REBA THELIN FOSTER, R.N.
Johns Hopkins Hospital Alumnæ Association, Baltimore

There is no doubt that the idea of central registries for nurses is gradually gaining acceptance, in spite of the almost incredible opposition among nurses themselves. A nurse who has devoted much time and thought to the subject tells me that this opposition comes from three classes: *first,* those who have an established practice, and who therefore consider the registry unnecessary; *second,* those who have become convinced of the advantages of the registry, but having once opposed it are obstinately determined not to give in; and *third,* those who are either too busy or too indifferent to bestow any thought on the question but who, by their inertia, combine with the others to prevent the taking of effective steps to secure central registries, and who should wake up to realize what their indifference costs.

All three of these classes are tacitly acknowledging the need of central registries by their constant call on the hospital registries to help them out in an emergency requiring another nurse, also by their random search through the town for what is needed. As an example, a nurse finds that her skilled care is no longer required by a patient whose circumstances do not warrant his paying the usual charge, but who is still too ill to be left without an attendant. She telephones to her hospital or to a small hospital whose nurses charge less than the regular price,

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnæ, San Francisco, Cal., May, 1908.

"Can you send a nurse who can meet these conditions, etc.?" thus placing an added burden on the already too busy superintendent—a duty which should be performed by the registrar of a central registry, and performed by her with much ease from her list of eligible persons for such work.

One might add to the classes above a fourth class of obstructionists, those nurses who belong to a hospital of the first rank and to whom caste means a great deal. These draw their skirts aside and are not willing in the least to become a member of a democratic registry. They are already members of a democratic profession and forget that nursing standards are raised not by exclusion but by education. If certain schools are really of such great worth they have no reason to fear the intrusion of graduates of other schools. The standard of nursing under state societies will never be put below a point that is compatible with every good thing desired by these nurses; they themselves can keep it where their actions demand it shall remain. Not to lend a hand to the weaker sister is hardly a part of a nurse's professed attitude in life.

A nurse would always continue to be known as a graduate of her own school, and the public would have in every instance the right of choice. The thing would be systematized and conducted with exact fairness; and the small hospital nurse, too (of a certain standard) need not feel the overshadowing of the greater school. This would be cared for with other questions. In the discussion that is to follow this paper, one hopes the nurses will speak freely of their objections to central registries, and that the favoring nurses will be no less alert to bring out all the good points. These are numerous to the nurse as well as to the other side, the public. One may be mentioned, and that is the advantage to the nurse who begins practice in a new city—into which predicament any one of us may fall. To such a one, whose visits to various registries and many physicians have heretofore brought forth only hope deferred, a central place where her credentials would be recognized and her standing at once be given her, must secure for her a feeling of immediately being on firm ground, even though there should be a necessary period of waiting for a case.

I need not dwell upon the benefits a central directory would put within reach of patients and their families. The promptness with which a nurse could be secured, the opportunity for getting the nurse best suited to a case, the guarantee afforded that the nurse is really what she claims to be—these are so obvious as scarcely to require mention.

One can also see at a glance the advantages to physicians. They themselves have been so quick to see them that they were among the first

to organize central registries, and in Philadelphia and Boston their medical libraries are supported by the profits of such institutions. We have read of the nurse's lost opportunity in Orange, New Jersey, and physicians in other cities are considering the same idea. If nurses do not of themselves establish central registries with workable regulations based on nursing needs, the medical men of the country will bring these registries into existence very soon and very extensively. Doctors want them and doctors have the power to establish them; and the public is beginning to demand something different from the present arrangement whereby the patient waits untended while perhaps seventeen different registries are visited or called by telephone before a nurse is secured. Nurses are out to serve the sick, or they are not. We may evade the issue but the people do not evade it, and we may as well stand up and face what is before us. With both doctors and public against our unworthy attitude, we inevitably must lose. Better go down honorably than be forced down.

I have accounts of several central registries managed by nurses: the Boston Nurses' Club, the Trained Nurse Association of Denver, the Nurses' Registry in Lansing, Michigan, the Central Registry for Graduate Nurses in the District of Columbia, and a new one is just being started in Pasadena, California. It is not the purpose of this paper to go into their methods; suffice it to say that they are all well supported by both nurses and doctors. What I wish especially to touch upon is the part the state society can play in the matter. Here is a body, organized by representative nurses of the state to regulate nursing affairs, and it would certainly seem one of its functions to supply a central place where its members could be found registered on call, regardless of training school or alumnæ association. And not only its own members, but any one desiring to nurse who could show the proper credentials should here be registered,—attendants, orderlies, male nurses, etc.—whatever the patient or physician may need, which brings us again to the important issue still far from settlement, our duty to the public which has endorsed and passed our state bills, our bulwarks of defence, under which precious rights are assured to us. Our present registries supply nurses to the wealthy, our district associations supply them to the very poor, the hourly nurses help those cases who do not require constant attendance, but what is there for the great mass of patients in that class to which most of our own relatives and friends belong? They are not at all taken into account, and we know that we are not doing our duty to them when we leave them to the untrained care of the members of their own families; we know we are not doing our duty

by them or by the nurse when we send them a nurse at full price, leaving it to her discretion to reduce her charge or stay for a time without charge should she consider them really unable to pay. This, until it becomes an established thing in nursing to fit the cost to the patient's income, is exceedingly embarrassing to both nurse and patient.

A sliding scale of charges to meet the various needs of various people seems to me the most important question before nurses to-day, and if we do not make some concerted effort towards effecting it for the public good, our societies deserve the appellation sometimes given them of "nurses' trusts."

The state society seems the body most fitted in every way to undertake such a delicate and difficult task. It knows the whole field, is guided by wise heads, nurses of experience who think and who represent all the nurses of the state; if there are those who feel that their interests are not represented it is doubtless because they are too indifferent to be present at the meetings, or to accept nominations on committees to work in any way with their fellow nurses. Its Credentials Committee already has the information necessary to protect a patient against the false claims of a nurse; another special committee could be empowered to protect a nurse against those who would abuse the privilege of reduced rates. A request for such rates could be referred to it for investigation, the abuse of the privilege reported, and the society could then deal with the case as its members deemed fitting.

But how to determine this sliding scale presents at present the difficulties of any new big proposition. It must be most carefully considered, and it will be considered at this meeting in another paper. Some registries have tried the experiment of taking a nurse from the bottom of the list (providing of course she has signified her willingness) with the understanding that when she receives a regular call the patient is to give her up and accept another nurse. I understand that this has not been successful. Then comes the proposal that recent graduates should accept a lower price than those who have been nursing steadily for years and have gained a knowledge of their work that makes them worth far more than a young nurse. Speaking of this, a prominent physician said to me not long ago, "Your profession differs radically from any other profession that I know of. What doctor or lawyer on receiving his diploma expects to command at once the highest salary that can be received? He has to prove his worth, to establish his practice, and his ambition naturally leads him to take advantage of every opportunity to improve his skill and his knowledge, so that advancing years will not only bring him increased remuneration but make him

feel, in the esteem of his clients, that his work has been worth while." "I am called the 'friend of nurses,'" he continued, "and I want to say that you nurses have a problem before you. By thus fixing the same rate for all nurses you seem to discourage an effort at improvement; a nurse feels that her salary is secure and unless she is very ambitious she settles into a rut; she does not go back to her training school occasionally, or to other training schools, to learn the newer or different methods, and one not far distant day she may wake up to find she is a back number, that her calls are fewer and fewer, and she must either accept a smaller salary or drop out altogether." Now we nurses all recognize in this a certain truth. We are told that physicians sometimes ask for "recent graduates"; but investigation will show that what is meant is a nurse who knows the recent methods of nursing a particular case. I think that not many of us would prefer to entrust our nearest and dearest when very ill to a nurse without experience beyond the training school. Until time and circumstance have hammered in the lessons of the training school and until life itself has given her its training in how to meet the complications of society, the needs of various households, and has polished off the crudities—until she is sure of herself—she cannot be of the same value as a nurse who has withstood all the tests and benefited by many a hard and weary lesson. If now and then an especially brilliant personage, quite new, comes into the arena, the public and its doctors will soon find her out; she need not feel she will be kept from her just deserts.

The central registry, under the state society with the full concurrence of the representative nurses of the state, presents at once a regulating medium for a proceeding so radical as the breaking up of established rates for nurses. I doubt that the public could be got to submit to it in any other way. What otherwise would be surely the work of years, and through much chaos, could then be brought about with great effect in a short while. The exceeding justice of a sliding scale would seem to commend it immediately to nurses. Indeed, it is a matter of surprise that any other way was ever used. The present system is simply a hampering regulation of early days that now we have outgrown.

When the central registry under the state association shall have taken in hand the matter of charges it can better also regulate a nurse's hours on duty. We give to the public what it wants and is entitled to, and it looks with greater favor on our just demand for reasonable hours of work.

Under the state society, in various localities, might grow up nurses'

clubs and living places. In fact, a host of benefits should arise from the united and thought-out plans of such bodies of women, interested in the good of all.

And looking farther ahead to that happy and *not* impossible future when our central registry will be not only self-supporting but remunerative, one hopes that when it is found that a patient needs the most skilful nursing and yet is unable to pay for it, he may have a nurse furnished by the registry at a charge within the patient's means, the difference being made up to the nurse by a fund supplied through the state association, taken from its profits or as the bequest of charity. Then it would truly seem as if we were at last redeeming our pledge to furnish adequate nursing care to the public in illness.

WORKING FOR OUR LIVING *

By GRACE HOLMES
Graduate of the Wisconsin Training School, Milwaukee, Wisconsin
(Discussion of the preceding paper.)

It is said that when a speaker sits down leaving half his audience on their feet, it is a sign that he has made a good speech. When Mrs. Foster sent me her paper to read, and I had finished it, the entire audience was on its feet. I was excited! When that sliding scale comes under discussion I can't keep still.

My first quarrel is with the very words. Why do we talk about a sliding scale? Why do we want a sliding scale?

The sliding scale, if I am rightly informed, means charging more, or charging less according to the kind of work or the financial possibilities. There will always be certain classes of work that will pay above the schedule, and certain nurses who will charge more, and that is right, but it is not what is meant by the sliding scale. The scale could slide up only when the patient is a wealthy one, and we all know that wealthy patients are not in the majority in the general rank and file of our cases.

Is it our object and purpose to secure more employment for nurses or more skilled nursing for the people? If we are trying to devise a plan whereby we can secure more work for nurses, then we may block out any scheme that seems good to us—but that is not the ostensible reason for all this discussion. Our avowed object is to secure skilled nursing

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnæ, San Francisco, Cal., May, 1908.

for every sick person in the United States, at any price which he can pay.

Will you tell me why it is the duty of ten per cent. of the population to see to it that the other ninety per cent. shall have any certain thing, whether they can pay for it or not?

Would you go to the bakers and say, "You must see to it that all the people have bread, whether they can pay for it or not"?

Would you go to the butchers and say, "You must furnish meat to all the people at any price which they can pay"? If shoemakers were required to keep the entire populace shod for any sum they could pay; if upon *any* other class of workers were laid such a burden as we have elected to lay upon ourselves, what would be the result?

Who is demanding that we shall take care of every sick man, woman, and child in America? Are the people demanding it? I am everywhere told that self-respecting poor people practically *never* ask a nurse for cut rates. We need not take account of the wailings of the people who always want everything below market price. They are the same people who move to save paying rent, and who never make a church pledge, because they have heard that salvation is free. They need not arrest our attention; they rarely fall into our hands anyhow. A neighbor, or a nurse from some charitable organization is their usual victim.

The people that we are worrying about just now are the people who have to make great sacrifices to pay us—and those who *can't* pay us even *by* making great sacrifices.

Tell me, are these people clamoring for our services? Far from it!

I think we take ourselves too seriously. Who took care of all these people before we were born? A trained nurse did not officiate at *my* birth—probably not at the birth of most of my hearers.

When I had measles and chicken-pox and scarlet fever, my mother took care of me—ably assisted by my father—and I lived through it all, and I am not deaf nor blind nor (in my own opinion) idiotic. Home nursing runs an equal chance of succeeding, to-day.

We have become so imbued with the idea that we are an indispensable part of the social fabric that we think the world couldn't be run without us; and, to be sure, in a way it couldn't. We *are* indispensable to the hospitals and to modern surgical procedures. But it is *modern surgery* and *skilled nursing* that have grown up simultaneously—medicine has not been very much influenced by our presence—and should every trained nurse in America die to-day, medicine could still get on. I will admit that such a sudden disappearance of nurses might seem a serious calamity.

Yet I want to remind you that all the other agencies for the care of the sick that were in the field before we arrived upon the scene are still here, and are doing business. *We* are a *new* thing—something added to—over and above all the old established agencies and methods. If some of the people are able to secure our services, it does not follow that those who cannot are left worse off than they were before. Indeed, the fact is that they are better off, for our teachings have permeated far and wide, even into regions where we ourselves have never been.

I have possibly made you think that I do not believe in progression; that I think the world has gained nothing by our being here. Far be it from me to take such a stand! I am thoroughly convinced that we are a good thing—I will even grant that possibly I might have been born more scientifically had a trained nurse been present. I believe that all the sick world would be the better for our gentle ministrations, whether they know it or not. The question is, do they know it, and if they know it, do they want us; and if they want us, how are they to get us?

Mrs. Foster states that the "nurse at the bottom of the list" scheme has failed. No wonder! How many of us would like to add to the terrors of, say, a long run of typhoid, an equally long list of bottom of the list nurses? Heaven save *any* patient or family from such an experience!

The proposition to start new graduates at a less charge appears on the surface to have more to commend it, yet I am inclined to think that the result would be only to help solve that other problem—"How to secure nurses for small hospital positions"—and if, in our first years, it is only by the hand of a kind and over-ruling Providence that we are kept out of the clutches of a coroner's jury, yet the fact certainly remains that the new graduate is bound to be abreast with current technic. Also it costs her as much to live as it does us who have been years in the field. *Also,* it is the prospect of being able to earn twenty-five dollars a week, at once, after graduating, that lures half our recruits into this anxious and difficult field at all. I believe that we would only complicate the superintendents' problem by eliminating this drawing card.

Judging from such information as I have been able to procure, it would not be possible for the average nurse to live on less than her average income. It appears that in the present condition of things but half of us are able to lay by anything for the fast approaching old age. Half of us are already reducing rates, and most of us are working as great a proportion of the time as it is safe for a nurse to work.

It is pretty clear that the problem cannot safely be solved by any scheme which will keep a nurse working more weeks, while not adding to her income or increasing her savings, unless the world's whole economic plan can be so altered that when she makes a 25 per cent. reduction in her charge she can procure a 25 per cent. reduction in her room rent and laundry bills and can buy other necessities at a like rate. You will say, "that is a ridiculous suggestion and impossible of execution," and I admit it, yet it is far less unfair or ridiculous than to demand that the entire loss shall fall upon the nurse.

Then, how are we to solve the problem? *Why must* WE *solve it?* Is it up to the bakers to see that all the people have bread? Is it up to the shoemakers to see that all the people have shoes? Is it up to the druggists to see to it that all the people have drugs?

It is not even up to the undertakers to see that all the people are buried. Why is it up to nurses to see that all the people have nursing?

Please do not understand me for one moment to mean that this is a problem about which we should not concern ourselves. We have a duty here, just as we have in the great tuberculosis movement, but no one expects us to attack the nursing care of tuberculosis single handed. No more should this other problem be regarded as peculiarly ours. It is not! It is, in *my* opinion a problem for the people to solve.

Personally, I believe it could be solved by some kind of an insurance scheme. A man can be insured in such a way that when he is sick he draws a certain weekly sum of money. Why not carry a sort of insurance that will cover the sickness of any member of the family, by which such a weekly sum is drawn, as will, in addition to what the family can pay, make up the amount that it costs to keep a nurse?

Done on this basis, the people could provide themselves with nurses with no hardship to any one concerned.

Such a plan would require great nicety of detail in working out, but I believe it could be done.

It was my original intention to work out and present such a plan, but when the sliding scale paper was taken off the program, I abandoned that plan and did not indeed intend to touch upon the subject at all, had not Mrs. Foster accused us of operating nurses' trusts and of failing in our duty to the public.

If state associations are to take up the management of registries (or even if they are not), I believe it would not be out of order for them to coöperate, officially, with the public in the starting and management of such a scheme as I have alluded to, which was also suggested to this body by Miss Hollister in her paper on "How Shall We Procure

Skilled Nursing for the Family of Moderate Means?" at the Detroit convention two years ago.

I can see no reason why such a plan could not be made to work out and to meet the need, which certainly does exist, of providing skilled nursing for the people of moderate means, at a price which they are able to pay, which, let me repeat, is the real object of this discussion.

THE HIPPOCRATIC OATH

By MARY CADWALADER JONES

For some years past a modified version of the Hippocratic Oath has been administered by me, in my capacity as chairman of the Advisory Board of the New York City Training School for Nurses, to the graduating class at their annual commencement, and a sketch of the history of the oath itself may be interesting. Dr. John G. Curtis, professor of physiology at Columbia University, published such a sketch in 1902, together with a translation of the oath, and I gladly avail myself of permission to quote his words, as I certainly could not improve on them:

"The ancient Greek writings commonly called 'The Works of Hippocrates of Cos' were judged even by ancient Greek critics to be really by various authors. The truth of this conclusion is plain to modern scholars. These writings have probably existed as in some sort a collection since the early days of the Alexandrine library, near the beginning of the third century B.C.; and the composition of the several writings may safely be referred to the fifth or fourth century. Which of them are truly works of the famous physician whose name they bear is quite uncertain, as no direct contemporary testimony exists. Modern critics can only sift internal evidence, and compare the views of earlier critics, ancient, perhaps, but often naïve or biased. Many writings in the collection, however, are plainly as old as Hippocrates, if not older. He was born in 460 B.C.; died, probably, in 377 B.C., and was a worthy of the great period often styled that of Pericles. There is no proof, however, that Hippocrates was ever at Athens, though he was known there; and scarcely anything is known of his life with certainty.

"One of the most famous writings of the Hippocratic collection is that entitled 'The Oath.' It is probably at least as ancient as Hippocrates, but that he composed it can neither be affirmed nor denied. Traces of its widespread influence occur in history; and by means of it modern physicians still hand down the traditions of their calling to those about to receive a medical degree. The ancient words do not accord with

the changes wrought by twenty-two centuries in men, beliefs, and manners; but no modern words can be nobler, and the ancient thoughts are vital to the modern oath. The following is a translation of the Greek original into English: 'I swear by Apollo the Physician, and Æsculapius, and Hygeia, and Panacea, and all the gods and all the goddesses—and I make them my judges—that this mine oath and this my written engagement I will fulfil so far as power and discernment shall be mine.

"'Him who taught me this art I will esteem even as I do my parents; he shall partake of my livelihood, and, if in want, shall share my goods. I will regard his issue as my brothers, and will teach them this art without fee or written engagement if they shall wish to learn it.

"'I will give instruction by precept, by discourse, and in all other ways, to my own sons, to those of him who taught me, to disciples bound by written engagement and sworn according to medical law, and to no other person.

"'So far as power and discernment shall be mine, I will carry out regimen for the benefit of the sick, and I will keep them from harm and wrong. To none will I give a deadly drug, even if solicited, nor offer counsel to such an end; likewise to no woman will I give a destructive suppository; but guiltless and hallowed will I keep my life and mine art. I will cut no one whatever for the stone, but will give way to those who work at this practice.

"'Into whatsoever houses I shall enter I will go for the benefit of the sick, holding aloof from all voluntary wrong and corruption, including venereal acts upon the bodies of females and males whether free or slaves. Whatsoever in my practice or not in my practice I shall see or hear, amid the lives of men, which ought not to be noised abroad—as to this I will keep silence, holding such things unfitting to be spoken.

"'And now if I shall fulfil this oath and break it not, may all the fruits of life and of art be mine, may I be honored of all men for all time; the opposite, if I shall transgress and be forsworn.'"

Dr. Curtis, in his comments, said:

"Hygeia and Panacea were daughters of Æsculapius.

"The abjuration of lithotomy in the oath contains the only mention thereof made in the Hippocratic collection. The ancient practitioners of medicine freely practised operative surgery; and no certain cause can be assigned for their refusal to cut for the stone. It has been shrewdly guessed, however, that the cause lay simply in the formidable dangers of a rude and uncertain procedure."

It is interesting to notice the clause limiting instruction in the

science of medicine to the sons of the physician and of his teacher, and to disciples bound to him "according to medical law." This shows how ancient is the idea of the close corporation, which, spreading out into every field of learning and art, produced the various powerful guilds of the Middle Ages.

The medical school of Columbia University held its first graduating ceremony in 1812. The oath was given on that occasion and, to the best of Dr. Curtis's knowledge, has always been given since. It is also given in some American medical schools, but not in others and, from what I can gather, does not seem to be frequently administered in Europe.

At the annual commencement of Columbia University the following version, made by Dr. Curtis, is used for the graduating class of the College of Physicians and Surgeons:

"You do solemnly swear, each man by whatever he holds most sacred:

"That you will be loyal to the Profession of Medicine and just and generous to its members;

"That you will lead your lives and practise your art in uprightness and honor;

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, you holding yourselves far aloof from wrong, from corruption, from the tempting of others to vice;

"That you will exercise your art solely for the cure of your patients, and will give no drug, perform no operation, for a criminal purpose, even if solicited, far less suggest it;

"That whatsoever you shall see or hear of the lives of men which is not fitting to be spoken, you will keep inviolably secret.

"These things do you swear? Let each man bow the head in sign of acquiescence.

"And now, if you shall be true to this, your oath, may prosperity and good repute be ever yours; the opposite, if you shall prove yourselves forsworn."

Some years ago I heard Dr. Curtis administer this oath at one of the Columbia University commencements, and it struck me as so impressive that I wondered if some form of it might not be of use for the graduates of the New York City Training School. I therefore made a modified version, and before giving it for the first time I added a few remarks by way of introduction, as follows:

"Until very recently women have had so little part in any actual competition with men that they have been exempt from many rules by which men are governed, but the old order is changed, and, with a

share of men's honors and rewards, we must also be prepared to accept their responsibilities.

"The trained nurse necessarily occupies in the household a position of confidence compared to which even the physician's is secondary. She is there at all times, while his visits are occasional; by day and by night all that goes on, in the sick-room and outside it, must almost inevitably be known to her.

"It is to the credit of your profession that, so far as I know, the knowledge thus gained has never been abused, but there is a feeling, not general, perhaps, but wide-spread, that nurses gossip, more or less, in one house about what has happened in another.

"As you all know, doubtless, some of the medical schools administer to their students when they graduate what is known as the oath of Hippocrates. That great physician lived more than two thousand years ago, and scholars think that this oath may have been old even in his day. The gods by whom the ancients swore have been discarded, but duty and honor are immortal.

"I will now ask you to listen to a version of the Hippocratic oath, modified to suit your profession, and when you have heard it, to accept its obligations and to observe them faithfully:

"You do solemnly swear, each one by whatever she holds most sacred

"That you will be loyal to the physicians under whom you shall serve, as a good soldier is loyal to his officers;

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power so to do;

"That you will lead your lives and practise your profession in uprightness and honor;

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation;

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of their households, you will keep inviolably secret, whether you are in other households or among your own friends.

"If you accept these obligations, let each one bow the head in sign of acquiescence.

"And now, if you shall be true to your word, may prosperity and good repute be ever yours; the opposite, if you shall prove yourselves forsworn."

Conscience and self-respect will naturally lead an honorable physi-

cian or nurse to fulfil these provisions even if they have not been formulated, but to bind oneself by a solemn obligation, in the presence of witnesses, gives, in my opinion, useful moral support against possible future temptation.

HOSPITAL CARE FOR THE ADVANCED AND INCURABLE CASES OF CONSUMPTION *

By S. H. CABANISS, R.N.
Graduate of Johns Hopkins Hospital; Chief Nurse, Instructive Visiting Nurses' Association, Richmond, Va.

For some few years past, the pens of the scientific and philanthropic have busied themselves to such an extent with tuberculosis, that very few among the learned, or unlearned, remain absolutely ignorant of the causes, methods of treatment and prevention of the White Plague. But the foolhardy indifference and negligence of the public, of the great mass of humanity, continue to a degree beyond what seems explicable to the more thoughtful few.

If the truth of the trite saying, "Fore-warned is fore-armed" be not warped and threadbare from the test of time, surely tuberculosis must soon disappear along with other deadly but vanquished foes of human health and weal.

The tremendous educational work being carried on in the widespread tuberculosis campaign *must* compel attention and with it, the interest and coöperation of the public. This will lead to suitable provision for the consumptive in every phase of society.

Already by the aid of the press, the tuberculosis exposition, lectures, etc., there are very few who are not familiar with the nature of the disease, and some approved methods of prevention and cure. All of this educated public sentiment has led to the establishment of numerous sanatoria throughout the country, yet the demand for such care for the victims of pulmonary tuberculosis continues to be most inadequately met.

The wealthy and even the people of moderate means need concern us comparatively little at the present time, in so far as individual cases in their own homes are considered. The chief difficulty with such cases is in securing prompt diagnosis and, in some few instances, in gaining faithful and intelligent coöperation with doctor and nurse in combating the malady.

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* Read at the International Congress on Tuberculosis, Washington, D. C.

This class of patient, if in the curable stages of the disease, has no trouble in obtaining sanatorium care if desired, and if not, the supervision and encouragement of skilled nurses in the home.

These patients can also provide themselves with whatever environment is deemed most agreeable and advantageous.

After almost a decade of experience in visiting nursing, one must realize the imperative need for hospital care of the consumptive of very limited means and the indigent consumptive cannot be lost sight of; for if this warfare against the awful scourge is to be victorious, this seems one of the most important points upon which to concentrate attention, and provide without delay the scientific and financial where-withal essential to establish and equip, first of all, hospitals for the incurable consumptives of the poorer classes. Not only should these institutions be provided, but such legislation, both state and municipal, must be enacted as may be required to compel every victim of tuberculosis who is unable to secure suitable care in his own home (or who either cannot, or will not, use such precautions as to prevent his being a menace to the health of the family or others), to enter the hospital.

From a financial standpoint this is in every way a wise and profitable investment.

Consider, for instance, the incurable, or careless consumptive in a home where laundry or needlework is the main source of income, or has been adopted as such, because the chief bread-winner in the home, since the consumptive became an invalid, must have home occupation, in order to care for the patient at all. In winter, there must be only one fire, that usually in the kitchen, and often we find the bed of the patient moved into this room, especially if clothing and bed-clothing be insufficient. The family launders clothes, which are often placed upon this bed before being put into the baskets or parcels to be returned to the owners, who, in turn, for airing, etc., place them for some hours on their own beds, or at all events in their bedrooms.

The members of the family of the patient eat all meals in their kitchen, and if equal to that much exertion, the consumptive does what he can toward the preparation of the food. The result of such conditions requires no explanation. Suffice it to say, that perhaps in nine cases out of ten the patient's family and the families whose laundry is thus contaminated, do not escape infection! Even with instruction and the help of the visiting nurse and such further aid as to food and clothing as the charity organization, diet kitchen, church guilds, or generous individuals may contribute, many cases in these conditions cannot apply what they know to be right methods of care and prevention.

One of the most pathetic cases in our city was a mother of five or six children, the youngest an infant of a few months; the husband, employed in machine shops, had to leave home at six o'clock in the morning on account of his work, and be absent all day. None of the children was old enough to keep the home in order, or attend to the mother. A kind neighbor came each morning, prepared food for the day, and made the toilet of the mother and baby. All day long the children played in and about the room, climbing on the bed, kissing and caressing their mother, devouring eagerly the bits of food or drink left in her plate or in her cup. When weary of play, they would sleep as closely to her pillow as possible. These were the conditions found by the nurse. She explained the danger to the mother, who said, "Ah yes, when I was first taken, we had a doctor, but he said I could never get rid of the cough, but I must do all I could to keep up my strength. Told me what to eat and said always take as much as I could swallow, that the cough was catching and I must not have the children around. But you know, Miss, I don't believe I am going to be here long, and my man and I tried to plan the best way about it all. He wants me to pay the lady, our neighbor, something for coming to fix us up and get the meals cooked. So he keeps on at work to get house rent and the things to eat, but it has kept cold so late this spring we had to let the Association give us some coal and wood. So he works every day, and the children are pretty good here with me—not much trouble. We cannot send them away because they are so little, they would forget all about me, so we will keep them until I go, then they must live with his people and mine. It can't be much longer I am sure, Miss." Here a little lad of less than four years ran in from the street—just to be loved a little. The nurse tried to make him understand that it was best not to kiss or touch sick people. But the little fellow looked up so earnestly at her and said, "Wouldn't you want to kiss your mamma every time you could?—and if she was sick you ought to want to all the more."

Could this woman have entered a hospital, the danger of the family would have been greatly lessened. The expense of the household, perhaps, would have been smaller. Surely, then, the chances would be greater for preventing the husband contracting the disease and becoming himself a dependent, leaving the children also without support.

Tuberculosis, like other ills, is a case to be fought in the home. But there are instances where suitable provision cannot readily be had or made in the home.

During the past year, our sympathies were greatly aroused in

behalf of a young Austro-Hungarian girl of eighteen, who spent a little more than two years in America, absolutely alone as to family connection in this country. Her case was quite promptly diagnosed and with care, seemed in every way curable. She was intelligent and did all in her power to aid our efforts in her behalf. In a short while, her means were exhausted, and she was dependent upon a Hungarian family (whose acquaintance she had made while in America), for food and shelter. It was soon found that she had little food excepting the milk and eggs which the nurse provided. Funds were raised to place her in the little sanatorium in the mountains of Virginia. She improved steadily, but slowly. Being very energetic and industrious, the enforced idleness was most trying to her. The physician-in-charge, also an Austrian, knowing the expense was heavy upon us, and noting her restlessness, which increased with her improvement, advised that we send her home to Austro-Hungary, as her parents were living, and her home in a most healthful section of Austria. Furthermore, as it would be very long before she could retain what progress she had made, except under sanatorium care, it would be cheaper.

This brings out yet another point—unless light employment can be provided for these improved cases, or their support guaranteed, nothing whatever of material gain is derived from a short stay in a sanatorium. The patient learns to take care of his case and to protect others, but he has not sufficient means to apply the education he has obtained. The situation is quite identical with the Scriptural account of the destitute brother or sister who is told "Depart in peace, be warmed and filled, notwithstanding ye give not those things which are needful to the body." What doth it profit? With sufficient and proper food, favorable environment and not too arduous work, the consumptives who have had the improvement which comes from a short sojourn in the sanatorium, or even many of the advanced cases, may earn a living and perhaps aid others.

Yet, the percentage of cases able to provide such conditions is extremely small, and the majority must be aided, and usually this assistance can mean only enough for palliative treatment—nothing better!

Self-preservation demands that each and every individual shall exert all the influence possible to procure hospital care for all tubercular patients in such need.

Some years ago, when my professional career began as superintendent of a hospital in the city of my adoption, with no special ward or provision for tuberculosis, no modern methods of fumigation and sterilization, consumptives were admitted promiscuously to the hospitals.

At my urgent request, our board of directors began to refuse all cases of consumption and intestinal tuberculosis, and within three years not a hospital in the city, excepting the almshouse, would admit such cases. In the past four years, the insane hospitals provide special and up-to-date care for their consumptive patients. We have also a few private sanatoria for consumptives; but to the great masses of white and negro poor, only the almshouses are opened. These give little more than shelter and simple food, little if any instruction and scientific care. Public safety calls for more sanatoria, but especially for hospitals for the incurable consumptive poor!

The state, public health boards, religious organizations, wealthy men and women, must accept the expense and responsibility of providing these hospitals, if the scattering broadcast of tubercular infection is to be restricted and stamped out. How long must this call be so feebly answered? As Miss Fulmer has said: "Why this dearth of soldiers in this modern warfare against this overwhelming, insidious enemy?" The reward is great—what is better than saving to our homes and state human lives whose waste is now so far beyond accurate reckoning?

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN
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(Continued from page 187)

Some day when there is time enough try a lamb stew. You must not attempt to do it in a hurry, because the tougher portions of meat are used for stews, and nothing but long cooking at low temperature will make them tender and palatable. It is always a satisfaction to convert one who "hates stews," and it can usually be done by setting before him a stew in which a little brains and some care have been used.

Have the butcher give you a pound of shoulder of lamb, cut in pieces for stewing. He can usually be trusted to give you nearly two pounds if you ask for one. Wipe the pieces of meat with a damp cloth, put them in a kettle and pour over them enough boiling water just to cover them. Cover the kettle, and bring the water quickly to the boiling point. Then turn the fire low and let the water barely simmer until the meat is tender. If a bubble comes to the surface now and then, it is cooking fast enough. It should cook about three hours, but it needs no attention except to see that it does not get to boiling. Add salt and a little cayenne or paprika when it is about half done. An onion may

be cooked with it for flavor, if you like. When the meat is tender, take it up on a hot dish. Thicken the liquor with butter and flour which have been cooked together three minutes, using three tablespoons each of butter and flour for a pint of liquor. Let the gravy come to a boil after adding the butter and flour, then pour it over the meat.

A hot stew made from slowly cooked meat, with plenty of rich, smooth, well-seasoned gravy, is an appetizing dish. But when the meat has been hurriedly boiled and it is served with pale, lukewarm gravy, carelessly seasoned and plentifully dotted with lumps of uncooked flour, a meat stew deserves the bad name it has with many people.

Rice and Nuts. This is another meat substitute, and one of the best, so far as flavor is concerned. The rice should be boiled or steamed and allowed to cool or be rinsed with cold water. Pecans are the best nuts to use. One cup cooked rice, two-thirds cup pecan meats chopped fine, few drops onion juice, salt, pepper, two-thirds cup milk, two teaspoons butter, two teaspoons flour, two tablespoons grated cheese. Mix the rice, chopped nuts, onion juice, salt and pepper, and put them in a baking-dish. Make a white sauce of the milk, butter and flour, stir into it the grated cheese, and pour it over the rice and nuts. Set the dish in a moderate oven and bake until delicately browned on top.

A Group of Winter Vegetables. Turnips, cabbage, onions. All strong-flavored and strong-smelling. That means, first, that they must be cooked in plenty of water and drained; second, that they must be cooked with the windows open; and, third, that they must be cooked in an uncovered kettle. The strong, disagreeable odor of these vegetables is due to certain gases, which, if allowed to pass off in small amounts as they form, are much less noticeable than if confined under the kettle cover until large quantities collect, to be finally forced out and carried all over the house. Moreover, one of these gases, hydrogen sulphide, will be reabsorbed to a great extent by the vegetables, if they are cooked in a covered kettle, and it discolors them and makes them indigestible. These strong-flavored vegetables, then, will be a better color, more digestible, and less disagreeable during the process of cooking, if they are cooked uncovered.

Creamed Turnips. Wash and pare the turnips, taking off a thick paring. Cut them in half-inch slices and let them stand in cold water a half-hour, if convenient. Cut them into half-inch cubes, cover well with boiling water and boil until tender, from twenty minutes to half an hour. Add salt five minutes before taking up. When tender, drain, and put them into a half-cup of white sauce.

Onions. Peel, rinse and put into plenty of boiling water. If

cooked uncovered they will need but one water. Cook until tender, salting ten minutes before they are done. They will need at least an hour's cooking, more if they are large, as they must be thoroughly tender all the way through. Drain, season with salt, pepper and butter, or cover with white sauce, or pour over them a little cream if you have it, and reheat carefully.

How to Use up a Head of Cabbage. To begin with, the head must be as small as you can get, for cabbage, if it is good and solid, goes an astonishingly long way. Cut it in three sections, wrap up two of them in paper and put them in a cool place. They will keep three or four days. Soak each section as you use it in cold salted water, to draw out any insects there may be among the leaves. Cut up one section and put it into plenty of boiling water. Cook until the leaves look transparent and are tender when tried with the fork. It will take from half to three-quarters of an hour. Over-cooking does not improve it. Salt five minutes before it is done. Drain, sprinkle with salt and pepper, dot over plentifully with butter, let it get thoroughly hot again and serve.

Cook the second section in the same way, but after draining it mix it with white sauce, put it in a baking dish, sprinkle stale bread crumbs, buttered, over the top, and set in the oven until nicely browned.

The third section will make a good salad. Shred it finely, put into cold water to make it crisp, drain on a towel, and mix with a cooked dressing. Spanish red peppers shredded or chopped make a pretty addition to cabbage salad. Celery also is good with cabbage.

Scalloped Apples. These make an inexpensive and easily prepared dessert. Two tart, juicy apples, one-half cup stale bread crumbs, one-half tablespoon butter, one-quarter cup sugar, a little nutmeg or cinnamon. Melt the butter and stir in the bread crumbs. Cover the bottom of a buttered baking dish with crumbs, put in a layer of apples cut in pieces, sprinkle with sugar and spice; add another layer of buttered crumbs, then apples, sugar and spice, with a layer of crumbs on top. A teaspoon of lemon juice with a few gratings of lemon rind may be added to the apples. Unless the apples are very juicy and tart, less sugar may be used. Bake one-half hour in moderate oven. The apples should be thoroughly cooked and the crumbs on top nicely browned. Serve with sugar and cream.

We must not forget during these winter months to make free use of all our winter fruits, dried and fresh—dates, figs, raisins, apples, bananas, oranges, grapefruit. The fruit habit is a good one to form. and nothing alarming will happen to us if circumstances compel us to live for a day, now and then, on bread and butter and fruit.

THE NAVY NURSE CORPS

By ESTHER V. HASSON
Superintendent of the Nurse Corps, United States Navy

THE only admission to the Nurse Corps of the Navy since the list published in the November JOURNAL, is that of Mary Carter Nelson, a graduate of the Johns Hopkins Hospital. Miss Nelson served a few months during the Spanish War as an Army nurse on duty at the military hospital at Chicamauga Park. Of late years Miss Nelson has been engaged in tuberculosis work under the Board of Health of the City of New York.

As the Navy Corps is as yet in its infancy, there is but little to write about it in regard to the actual scope of the work. This first few months is, as it were, an experimental period during which time the whole situation is being carefully studied with a view to formulating such rules and regulations for the government of the Corps as actual experience may prove to be necessary.

The uniform for the Corps, as recommended by the superintendent, and approved by the Surgeon-General and Secretary of the Navy, will be as follows:

Shirtwaist, skirt, and belt of light weight, white cotton drilling, made according to prescribed patterns and measurements; Bishop collar; cap of white Persian lawn with one inch band of black velvet; on the left sleeve of the uniform half-way between the shoulder and elbow will be embroidered the "Geneva Red Cross"; the pin which will be the special insignia of the corps will be about the size of a silver quarter, made of heavy gold plate with dull rough surface. The design in blue enamel will be that of an anchor combined with the caduceus, immediately under the design will be the letters U. S. N. also in blue enamel. Nurses will not be allowed to wear this pin until after the completion of the first six months of service, as this is, in a way, a probationary period during which their suitability for military nursing will be judged.

The plans for the nurses' quarters in Washington are already drawn, and when completed will be well adapted for the purpose, and will compare favorably with the modern homes provided for the pupils of thoroughly up-to-date training schools. It is the wish of the Surgeon-General to have each new set of quarters built for the nurses a model of its kind. In some instances it will be necessary to remodel old sets of quarters; when this is done the result will not be quite so satisfactory

but it is expected that even these will be thoroughly comfortable. The quarters in Washington are to be built on the grounds of the Naval Medical School Hospital. They will be delightfully situated, and many of the windows will overlook the Potomac. Ample provision has been made for bathing facilities, reception and living rooms. We scarcely expect them to be ready for occupancy under two years, and this seems a long time to look forward to, but we have the satisfaction of knowing that when completed they will be all that can be reasonably wished for or expected. At present the nurses are occupying two rented houses, numbers 539 and 541 21st Street, N.W. These are within easy walking distance of the hospital, and although they are not quite all that could be desired, seem to meet the present requirements fairly well, and I think it may safely be said that the home life of the nurses is a happy and contented one.

The Navy has been generous to its nurses in regard to its subsistence allowance, which is seventy-five cents a day per nurse for food alone; quarters, heat, light, etc., will be paid for out of another fund. We have already had the pleasure of welcoming as dinner guests Mrs. Kinney, superintendent of the Army Nurse Corps, and Miss Nevins, superintendent of the Garfield Memorial Hospital and Training School. The seven ex-army nurses of the Navy Corps were entertained by Mrs. Kinney on the evening of December 8 in her attractive apartment at the "Brunswick." This was a most enjoyable occasion, as all were old campaigners in the Philippines, Cuba, Porto Rico, etc., and consequently there were many old battles to be fought over again, and reminiscence of the pioneer work in the Army to be talked over and discussed.

RULES FOR THE BABIES' FEEDINGS

FROM THE LAKESIDE HOSPITAL
Cleveland, Ohio

HAVE ready at 11 A.M., sharp, all changes made by the physician in formulæ for the day, empty bottles and left-over feedings, not including the 12 o'clock feedings, which the head orderly will take to the diet kitchen.

As soon as the feedings are prepared, he will bring them to the wards. After the babies have taken their feedings, the bottles must be emptied, and carefully rinsed with tepid water and then with hot water, and turned upside down to dry.

The nipples must be carefully washed after use, boiled and returned

to a separate marked glass. In preparing the food for the children, the nurses must exercise great care in regard to the temperature of the feeding, also in the giving of the food.

Each nurse must cleanse, according to directions, the bottles and nipples that she has used. The senior nurse will be held responsible for having them ready at 11 A.M. sharp.

RULES FOR THE BABIES' DEPARTMENT, DIET KITCHEN

At 11 A.M. the head orderly will bring to the kitchen all changes that have been made in the standing formulæ for the day, all empty bottles and all left-over feedings. This does not include 12 o'clock feedings. As soon as the freshly prepared food is ready, he will take it to the wards.

All formulæ and special feedings for the babies must be measured, bottled, sterilized, if necessary, between the hours of 1 and 2 P.M. daily, and not at any other time without permission of the principal of the training school.

Each bottle must be carefully tagged with the baby's name so as to prevent mistakes at feeding time on the ward. All preparations must be made up exactly as ordered by the physician, not the smallest possible change made without the written order of the physician.

The measuring of the food must be done only by the dietitian and during her absence by the supervisor of the probationers. The whole preparation must be done in an absolutely sterile way; a sterile sheet must be placed upon the table; all utensils, bottles and rubber caps for the bottles, must be carefully washed and sterilized. Bottles to be sterilized not later than 11.30 A.M.

The dietitian or the supervisor of the probationers must wear a clean apron and her hands must be carefully cleansed. Sterile boiled water must be used for rinsing the utensils.

When the empty bottles come from the ward they must be placed at once in a large pan of tepid water.

RED CROSS WORK

ANNUAL REPORT OF THE PRESIDENT OF THE PENNSYLVANIA BRANCH

JOHN S. MUCKLE, president of the Pennsylvania Branch of the National Red Cross, reports the following work accomplished:

"In December, 1907, a request was received from the National Headquarters in Washington for funds for the sufferers of the Monongah Mine disaster in West Virginia, and an appeal was sent out and funds collected.

"In January, 1908, we were advised from the National Headquarters in Washington that a calamity had occurred at Boyertown, Pa., and we were instructed to use our own judgment in reference to aid. Arrangements were quickly made to send six physicians and twelve nurses, but before they were sent we were advised by the Boyertown authorities that they had all the necessary assistance, and a fund was collected and forwarded.

"On May 1, 1908, a request was received from the National Headquarters in Washington for six nurses for the Hattiesburg cyclone disaster, at Hattiesburg, Perry County, Mississippi. These nurses went forward the same evening and arrived on the scene of disaster twenty-four hours before nurses from any other point. It required only nineteen minutes from the time the request was received from the National Headquarters in Washington for us to report back, 'The nurses are ready to start.' This was the first time the emergency system adopted by this branch was put in action, and it proved a perfect success. In addition to the nurses' service, nine packages of men's, women's and children's clothing and two cases and one bale of flannel were also provided.

"In September, 1908, a request was received from the National Headquarters in Washington for funds for the sufferers of the Georgia–Alabama floods, and an appeal was sent out and a fund collected and forwarded. In addition to the fund, nine cases of men's, women's and children's clothing were forwarded, eight cases of which were very generously donated by the Woman's Permanent Emergency Association of Germantown.

"During the year we have enrolled fourteen Red Cross nurses,

under the rules and regulations laid down by the National Headquarters in Washington.

* * *

"During the last year all hospitals, health departments and like institutions were requested to desist from the use of the 'Red Cross' emblem, and it is with much pleasure that we announce that it is now very little seen or used on the paraphernalia of the above institutions in this State.

"At the annual meeting of the American National Red Cross Society in Washington on December 2, 1907, one of the members of this branch presented a design for a 'Red Cross insignia' to be used only by officers on 'important official occasions.' This was adopted by the Central Committee of the 'American National Red Cross,' at its meeting in Washington on March 18.

"In the early part of this year, 1908, all the banks and trust companies in Pennsylvania were approached with the request that they act as guarantors should a deficit occur for the next three years in this branch. While many consented, we did not have a sufficient number to make the plan operative, and so the idea was abandoned."

The total membership November 1, 1907, was 386; total membership, November 1, 1908, 1756; a gain for the year of 1370.

DISBURSEMENTS.

Monongah Mine disaster	$2,529.36
Boyertown fire disaster	307.25
Hattiesburg cyclone	163.50
Georgia-Alabama flood	106.00
Russian famine fund	8.00
California earthquake	2.00
Chinese famine	125.19
Jamaica	3.00
Darr Mine disaster	1.00
Sale of Christmas stamps	68.56
Headquarters expenses	907.12
Total disbursements	$4,220.98

The President of the Pennsylvania State Branch, John S. Muckle; secretary, Joseph L. Steinmetz, and treasurer, Mrs. A. J. Cassatt, were elected at the annual meeting held in Independence Hall, November 17.

The Red Cross Christmas stamps were issued at this meeting, and the headquarters at Fifth and Chestnut Streets is the branch distributing office.

THE CHRISTMAS STAMP

THE Christmas stamp issued by the American National Red Cross for the purpose of raising funds to combat tuberculosis has been placed before the public in practically all the states of the union.

Those familiar with the antituberculosis work of the foreign Red Cross and other large continental societies will recall the handsome Christmas and tuberculosis stamps issued for the purpose of raising funds to carry on the work. These go on all mail, though not taking the place of the postage stamp, and so popular have they proved that now, after four years of their employment, the returns are, in most cases, larger than ever. They distribute the burden of support over thousands of persons and arouse the interest of many who but for them would be a long time finding out that tuberculosis is curable and preventable.

The Christmas stamp is not a foreign discovery. It claims America as the land of its origin. It was, to be exact, in Boston in 1862, at a Sanitary Fair, that the stamps were sold to benefit the wounded in the Civil War, and the stamps were called Sanitary Fair stamps. For many years afterward nothing was ever heard of the device, and then in 1904 the Portuguese Red Cross issued a stamp to raise money for its own work. Soon afterward the Red Cross in other countries took it up and then many societies for tuberculosis work. In many countries the postal authorities coöperated, permitting their clerks to sell the stamps outside of busy hours. In Denmark the government itself issued and handled the sale of the stamp. During the first year more than $20,000 was netted from the sale of these stamps at half a cent apiece. The money was appropriated toward the erection of a tuberculosis hospital for children. Every year since the receipts have been very much increased. The experience of all countries has been practically the same—the stamp has been established as a happy and sure method of meeting expenses.

The experience of the foreign Red Cross and antituberculosis societies is not contradicted by the trial which was given the stamp last year by the Delaware Branch of the American Red Cross—very small, very conservative, not given to enthusiasm, and having only a few shacks in a woodland meadow near Wilmington as a tuberculosis hospital. The state as a whole was ignorant and uninterested on the subject, yet the stamp, printed and put on the market only eighteen days before Christmas, amazed every one by its sensational record. Fifty thousand had been printed to sell at one cent apiece. They went in a week, and then the stamp got into Philadelphia, where the Pennsylva-

nia Red Cross welcomed it and backed it, and the *North American* gave it splendid aid. The Delaware schools sold it, the women's clubs in Delaware took it up, the newspapers gave columns to it, the department stores, banks, drug stores and hotels sold it. Nearly four hundred thousand were sold, and nearly three thousand dollars cleared from this small, unobtrusive penny stamp.

With this money the Delaware Red Cross first brought an educational antituberculosis exhibit to Delaware, which was visited by twenty thousand people in ten days. A nurse was sent to the sanitarium, and a free dispensary supplied with milk and eggs, drugs, and a visiting nurse for the consumptive poor, and this has gone on all the year. One thousand dollars has been set aside as a nucleus toward building a hospital.

The New York State Branch used the stamp during the holiday season for the benefit of the new Vanderbilt Clinic.

With such a demonstration of the Christmas stamp possibilities, the National Red Cross this year decided to issue it in every state and raise money both for its own Red Cross day camps and also for other tuberculosis work by other organizations, which would welcome needed assistance.

The beautiful design for the stamp is the contribution of Howard Pyle, the famous artist. It is in three colors, and bears a wreath of holly and the legend Merry Christmas and Happy New Year. It will bear comparison with the many interesting and beautiful foreign stamps.

NURSING IN MISSION STATIONS

A TRAINING SCHOOL FOR NURSES IN THE TURKISH EMPIRE

By JANE E. VAN ZANDT, R.N.
Graduate of the New York Post-Graduate Hospital

On June 17, 1908, three young women were graduated from the Training School for Nurses, of the Syrian Protestant College, Beirût, Syria. It was an occasion of great interest, they being pioneer nurses and the first class of women to receive instruction in the college.

Three years ago, when the school opened, we thought ourselves very fortunate in having five pupil nurses—three Syrians and two Armenians. Nursing, as a profession, is little known or appreciated in this country. Parents prefer to see their daughters sit at home or married, and consider their dignity is lowered by serving in a hospital.

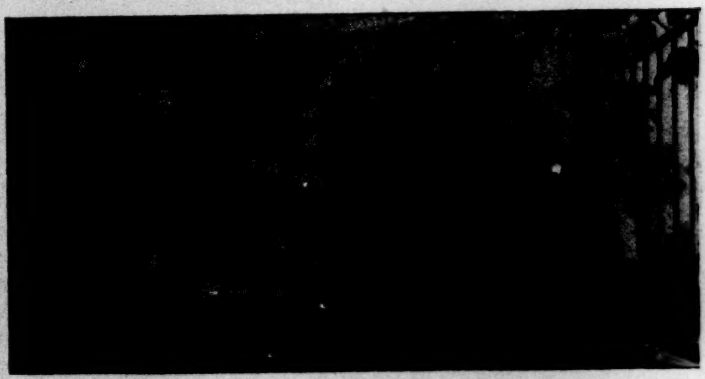
The first probationers to come to us were two Syrian girls, sisters, educated in mission schools. They confessed, after being with us a few months, that had they known what nursing really meant, they would never have come. They had seen pupils working in hospitals, but thought a training school consisted of book-learning and instruction by the bedside, with the regular ward work and general care of the patient done by servants. They were most unpromising pupils. Probably for the first time in their lives they exerted their wills to do what was, to them, very distasteful, and it was not long before they began to take a pride in their work, and to really appreciate it. These girls were with us only one year, and were then taken to Armenia by their parents.

During the three years several probationers came and left for reasons of health or finding the work too hard. The three who stayed with us through the course have proved very efficient and we consider it a most propitious beginning to this new work.

Last spring circulars were printed and sent to all the mission stations in Syria, Palestine and Asia Minor. The school was also advertised through the medical students of the college, who came from all the surrounding countries. The result is that we have, this fall, a new class of thirteen nurses, besides three, who were here last year, and our graduate nurses. These, together with a waiting list of twelve, is most encouraging.

DINNER IN THE GARDEN.

UNDER THE PRIDE OF INDIA TREES.



TAKING AN AIRING ON THE BALCONY.

Our school this year will consist of Armenians, Syrians, Jewesses and one French girl. We have applications from Russians and Greeks. So, you see, we might almost be called an international training school.

The instruction is in English; our American text-books are used, and lectures are given by the professors of the college medical school, who are the doctors in charge of the hospitals.

We are obliged to feel our way along and adapt ourselves in certain ways to the customs of the country, always bearing in mind a high standard and the best possible education for the nurses, hoping, in this way, to be able to select the best material the country affords.

The probation period is four months; the applicant must be at least seventeen years of age and have a knowledge of English sufficient to enable her to study from our text-books; £2 sterling are paid on entrance; if, at the end of four months, the medical faculty refuse to accept her, £1 is refunded. After the probation period a small allowance is given each month. At the close of the course £1 is paid by the pupil for her diploma. I trust, before long, the nurses in Syria will be organized and have a voice in the international conferences.

We began about three and a half years ago, in a large two-story native building, the hospital, for women and children only, on the second floor, and our living quarters and one convalescent ward on the ground floor. These houses adapt themselves very nicely to this sort of work; the walls are either painted or whitewashed, and the floors are red tiles or white marble. No wall paper or carpets are seen in this country.

We have had such a cosy time in our temporary abode, and feel quite homesick at the thought of spreading out in the new buildings. The women's pavilion is just completed, and we hope to open it at once. The eye and ear pavilion will not be ready for use for several months. The cornerstone of the new children's building was laid last week. This year we are using our temporary hospital for the children. We hope, before long, to have a small place for skin diseases. The adult cases in general surgery and medicine are taken care of at the German Hospital, by our doctors, and the nursing is done by the Kaiserswerth deaconesses.

There is probably no college in the world more beautifully situated. The campus, on a slight elevation, overlooks the Mediterranean Sea, and off in the distance are the mountains of Lebanon, with their snow-capped peaks. All winter long, while Beirût is green and lovely, we have these beautiful white masses of snow in view. The college is a missionary, non-sectarian institution, receiving students from all parts of the world. Last year there were over eight hundred enrolled.

The hospitals, just outside the college grounds, are strictly educational institutions for the use of the medical school, and must be up to date in every possible way. This idea we hope to carry on in the training school as well.

Our patients sometimes come from great distances; many of them travel for days on mules, donkeys, camels or even walking. Frequently a bedouin from the desert will appear. These people are very suspicious and skeptical of us at first, but soon overcome their distrust, and make satisfactory and certainly most interesting patients. Last year one woman felt she could not bear it to sleep in a bed under a roof and begged to be allowed to rest on the ground in the garden.

The patients are constantly calling down blessings upon us. Often I hear some one trying to get the attention of a nurse, and, going in to her, ask what she wants. She will say: "Peace to you," or "God keep you," and only after asking a few questions can I find out what is needed.

ITEMS

Spirit of Missions reports the following appointments of missionary nurses: Margaret E. Wightman, graduate of the Woman's Hospital, Philadelphia; Agnes M. Huntoon, Chicago; Anne E. Cady, Albany; Adda Knox, St. Luke's, Duluth; Henrietta Barlow and Margaret E. Wygant, to Alaska.

Lottie E. Lawson and Mary Switzer, class of 1906, Toronto General Hospital, sailed for China in September, where they will do missionary work in connection with the Canadian Methodist Mission. They expect to work in hospitals, aiding the medical missionaries.

Dr. and Mrs. George McPhedran (the latter was Maud L. McNish, class of 1901, Toronto General Hospital) sailed from Montreal on November 21. They expect to remain in England until January 8, when they will sail for India, where they have been appointed to do mission work in connection with the Canadian Presbyterian Mission. Their field will probably be Sirdapore.

Woman's Work reports the appointment of Minnie Bell Maggi, of Philadelphia, to Paotingfu, China, and the marriage of Margaret Strathie, a missionary nurse in Canton, China, to Paul Jerome Todd, M.D.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE EXCITING AGENT IN SCARLET FEVER.—The *New York Medical Journal* quoting from a German contemporary, says: Gamaleia alleges to have isolated the exciting agent of scarlet fever in the form of a micro-organism belonging to a new class of colony forming animal parasites and called by him the *Synanthozoon scarlatinæ*. He has found it in the skin, the throat, the spleen, and the kidneys. Some of its forms correspond to the rosette-like formations described by Mallory and the chrysanthemum flowers of Prowazek.

FLANNELETTE.—The *Lancet* says: The difference between ordinary cloth and flannelette is that the latter has a nap which is obtained by "raising" one or both surfaces by passing it over revolving rollers provided with steel dents or teeth which draw from the surface a nap which forms a better non-conducting material for heat than the original cloth and which, therefore, gives a greater feeling of warmth to the person using it than does the "unraised" fabric. The impression is that this raised surface is a source of danger from fire, that it presents a sort of cotton-wool surface which readily catches fire and burns with considerable energy. It is generally believed that it is advisable for children's clothing to be made of woolen or a mixture of woolen and cotton fabric or of flannelette which has been treated so as to render it non-inflammable. There is nothing to be said against the proper employment of flannelette, for its non-conducting properties coupled with its porous character make it a most useful material for cold weather. It has not the disagreeable cold feel of ordinary smooth garments, a fact which has been appreciated by rich and poor alike. To the latter in particular the invention has been a real boon as supplying a warm and cheap garment for winter wear. All these points in its favor do not alter the fact that it is an easily inflammable substance. Adults may be expected to wear this material without running risks of setting it on fire but with children the case is different. Children do not know of these risks, and we have no doubt that there are instances of their getting burnt even when clad in a nightdress of ordinary non-fluffy material. The risk is, however, dangerously intensified when the material is fluffy, as is the case with flannelette.

LIME IN TREATMENT OF CONVULSIONS.—The *Journal of the American Medical Association*, in an abstract of an article in an Italian medical journal, says: Silvestri presents arguments and the results of experiences in various countries which demonstrate that the tendency to convulsions is apparently the result of a lack of lime in the nervous system. Experimental and clinical research seems to indicate that the convulsions of infancy and pregnancy, as well as epilepsy, are the results of deranged metabolism of lime with a permanent lack of sufficient proportions in the nervous system. On the other hand, eclampsia in certain cases is the direct and exclusive consequence, he is convinced, of a parathyroid affection. Experimental studies confirm and reproduce what is observed in the clinic. His experience with seventeen epileptics treated with lime sustains this view of its etiologic importance. He administered calcium hypophosphite, giving daily 1.5 Gm. (22.5 grains) for adults and one-tenth of this dosage for infants.

SCARLET FEVER.—The *Journal of the American Medical Association* says: The advantage of hot, or at least warm, water bathing in scarlet fever is well set forth by Dr. H. W. Rover, of Denver, in *Colorado Medicine*. He premises the discussion of the hot water treatment of this disease by the statement that "what the cold bath is to typhoid fever, the hot bath is to scarlet fever." The advantages of hot baths in this disease are that they hasten the completion of the eruption; quiet restlessness and prevent cerebral excitation; dilate the peripheral blood-vessels and increase heat radiation and diaphoresis, which is often absent in this disease; tend to prevent itching; relieve the congestion of the kidneys due to dry skin; make desquamation more rapid; and tend to remove, daily, the dry epidermis that, if not prevented by oily applications, will fly about and supposedly spread the contagion.

With a warm room and a bathroom handy there is no question that hot or warm water bathing in scarlet fever is an advance in the treatment of that disease. If a hot bath is not available, hot water sponging should be done daily. If, during the desquamative stage, much itching or irritation is present, or the skin is dry, rubbing in clean olive oil or some clean, diluted wool fat preparation is advisable.

While the patient may be sponged finally before he leaves the sick-room with some mild antiseptic solution, there should be no daily application of germicidal [illegible] absorption and poisoning take place.

While there is some doubt whether the epidermal scales of scarlatina are the cause of the spread of the disease, until there is proof that such is not a means of propagation the patient should be isolated until scaling is complete, and, as Rover has emphasized, hot baths and inunctions of oil will hasten the completion of the desquamation.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

THE NEXT MEETING OF THE INTERNATIONAL COUNCIL OF NURSES

THE coming meeting of the International Council of Nurses next July, in London, will be the regular business meeting of the Council, and there will be, among other things, several changes in details of the constitution and by-laws for the delegates who are present from the different countries to consider.

First of these is a proposed amendment relating to the honorary presidency. As it stands at present, the constitution of the International is thus worded: *A President of the Council having held the office for a full term, shall be made, upon retiring, honorary president of the Council, with a vote on the executive committee and grand council for life.*

At the meeting of the executive committee last summer in Paris, at which the three countries now in membership, Great Britain, the United States, and Germany were represented by their officers,—it was moved by Mrs. Fenwick, and seconded by Sister Agnes Karll, that the word "shall" in this article should be changed to "may," the article then reading thus:—*A president——MAY be made, etc.*

The discussion on the motion elicited the opinion that it should be possible for the council to retain in its service women who had given effective stimulus to the international movement, and who were likely to continue their interest and their work in its behalf, but that it should not be mandatory, as that would create a precedent for the future which might sometime be embarrassing and even stand in the way of future development, as it is impossible for one age to foresee the lines on which a future age may develop best.

The motion was adopted and it was directed that the secretary should at the proper time, submit it to the national associations, in membership, that their delegates might come instructed how to vote upon it.

The question of the fees and dues from each country was next brought up, and this involved the article relating to the number of official delegates from the different countries. At present, the constitution provides for four (4) regular delegates from each country, besides the

officers. The fees for each country to pay were fixed at £1 ($5) for each of the four delegates. This would make a heavy assessment for many of the European countries, especially where organization is young. It was moved by Sister Agnes Karll, and seconded by Miss Dock, that the fee per delegate remain the same, but the number of delegates be changed to two. In the discussion, it was recognized that the fee of twenty dollars, even every five years, might be felt as oppressive by the nurses' societies of Europe, as, in these countries, the nurses are obliged to maintain expensive headquarters and transact a great amount of business for their members which English and American customs do not require; as they have to pay for a great deal of record-keeping which is stipulated for by the departments of government—educational, statistical, and insurance,—and that they have, moreover, a much greater burden in the calls upon their sick and emergency funds. As the associations may sometimes find it necessary to pay at least part of their delegates' expenses, it was felt to be important to make their dues as light as possible. The motion was adopted and the secretary instructed as before.

Both of these motions will be brought up at the London meeting for final decision by the members present.

LAVINIA L. DOCK, R.N., Secretary.

THE BRITISH NURSES' REGISTRATION ACT

THE Registration Act has been successfully piloted through the House of Lords by Lord Ampthill, who has proved himself to be a chivalrous and also a plain-spoken champion of the nurses' cause. He referred to the arguments of the opposition as "worm-eaten"; compared the attitude of certain hospital directors or managers to that of employers when factory acts are proposed, and declared that many nurses of London hospitals, and the London Hospital in particular, did not dare to say that they were in favor of registration, or even that they had an opinion one way or another, because it would be as much as their positions were worth.

It is indeed most refreshing and good that a man of influence has been able to show just what sort of intimidation has been held as a club over the nurses' heads. Women who think that nurses have no right to an opinion on political equality might study this English question of intimidation of workers; I am not sure that we are quite free from it ourselves.

When the bill passes Mrs. Fenwick ought to have an unparalleled ovation. She has worked for this more than twenty years without flinching, although she has drawn down upon herself hatred and persecution

from those who found it good for their own pockets to keep nurses from knowing too much, from managing their own affairs, and from having anything to say as to how they should live or die. Although she has had from the beginning the loyal and most effective support of a remarkable group of women among the matrons, yet some of them have said that their own courage would have failed under the long strain, but that hers only increased under discouragement and delay. We must do something when we get to England to show our appreciation: I have always thought it was so much more interesting to be able to recognize the splendid things that are going on to-day instead of waiting to admire them until they are five hundred years old.

THE MILITARY NURSING QUESTION IN FRANCE

Dr. Lande, of Bordeaux, who has long lent his powerful influence to the support of the modern system of nursing as exemplified in the two Bordeaux schools, in recent articles in *La Garde-Malade Hospitalière* has discussed thoroughly the present situation in the military hospitals, and his last article, in the November issue of the journal, makes clear the difficult tangle that has resulted from the imperfect nursing standards of the societies of the Red Cross in France. In brief—for space does not permit a translation of the article,—it seems that the French societies of women of the Red Cross, who possess influential social position and money, cherish fixed ambitions to act as nurses in military hospitals, but without any intention of submitting themselves to the nurse's arduous training. I have described before this their theoretical classes, their dispensary work for a few hours weekly, their minor surgery and bandaging, and their three or six months' diplomas.

At the time of the Morocco campaign a number of their "diplomées" gave service and no doubt brought comforts to the soldiers, even though not doing actual nursing. Now, encouraged by this prestige, it would seem that their influence had been sufficient to frustrate or at least to postpone the purpose of the minister of war to place a staff of thoroughly trained nurses in the military hospitals, and to secure a sort of tentative admission there for their own members instead.

Our readers may remember that some little time ago we announced that the successful candidates for the new posts offered in military hospitals were nurses from the Bordeaux schools, who had taken honors in the examinations. But they have heard nothing more, and now comes the news that the war department will admit members of the Red Cross to the wards of the military hospitals, not more than two at one time in a ward. Dr. Lande rightly contends that, if the Red Cross mem-

bers did the correct thing, they would take the full nurses' training before attempting hospital work; that their entrance on these terms will probably delay a genuine reform in these hospitals, and that the proper plan would be to place as head nurses in the wards women who had had full training and had passed best in competitive examination, and under them admit for practical work members of the Red Cross holding diplomas who desired to qualify themselves for the Nursing Reserves.

We summarize the different events in this little history for the benefit of those who have not followed the whole story.

During 1907 it was rumored that the minister of war intended placing trained women in the military hospitals. There was general approval.

In December, 1907, an official circular announced a competitive examination for posts as nurses in the Val-de-Grâce, a large military hospital in Paris. Out of five hundred candidates, twenty were allowed to come up for examination, and Dr. Hamilton's and Miss Elston's nurses received the best markings.

They were written to to know whether they would be ready, in case of appointment, to enter Val-de-Grâce in June, and then heard nothing more.

Recently (this fall) an official letter announces that the appointments are held up on account of financial considerations. Meantime (last June) a circular from the minister of war authorized the admission of *candidates infirmières* of the Red Cross (I hardly know how we would translate this title, perhaps "aspirants to nursing") to the military wards under conditions mentioned.

It will be interesting to see how all this comes out. It will be a great pity if the French Red Cross insists on doing hospital work without hospital training. They should, if their motives were unselfish, enter, as Dr. Lande suggests, a training school and take the full course of preparation, as the best of the German Red Cross women do, and as the Japanese all do.

A Correction. In the announcement of the Canadian National Association, in this department in November, the name of Miss Matheson was given as secretary-treasurer; it should have been Florence M. Shaw of Montreal.

THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

THE Department of Health of Chicago has installed forty nurses in the public schools. The Visiting Nurse Association has supervision of the work. The city has been divided into ten school divisions covering more than 200 schools, with a supervising nurse in charge of each division.

THE visiting nurse work in Augusta, Ga., is in charge of Laura Biggar, formerly with the Cleveland Association. The work in Augusta is under the city council.

MRS. FLORENCE LEE, of New York City, has received the appointment of district supervisor on the staff of the Chicago Visiting Nurse Association.

ALL visiting nurse organizations desiring the privilege of a national seal will please communicate at once with the Editor of this department, at 79 Dearborn Street, Chicago.

FOR two years past Miss Waters, a resident of the Nurses' Settlement in New York and a graduate of Johns Hopkins training school, has been collecting the materials for an exhaustive bibliography of all the district or visiting nursing work in existence throughout the United States. This winter she is making a final revision of all this material up to the present date with the intention of publishing it shortly in book form. The book will be of the greatest possible value and interest to all who are interested in the work of visiting nursing, whether as nurses or as laity. Beginning with some chapters of fundamental principle and brief historic outline, the book will give all the leading details of form, plan, scope, and features of interest of every visiting nursing society, from the smallest, with one nurse only, to the largest. It is hoped that the publication may be ready in the spring.

THE Health Officer of the District of Columbia has proposed to the Board of Education that it permit the employment of a nurse in the public schools as an addition to the corps of medical inspectors for the purpose of showing the wisdom of such service. The nurse will be paid, not from public funds, at the start, but by private persons who are of a philanthropic mind. There is not the slightest doubt but Dr. Woodward, the health officer, will select a very high type of trained nurse. The Board of Education is agreeable to Dr. Woodward's proposition.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

HOT SPONGING

DEAR EDITOR: I cannot resist an answer to the inquiry of "A Nurse in India" in the November JOURNAL, regarding temperature of water for hot sponge in enteric fever.

Whenever I find a very nervous patient I ask the doctor to allow me to use the hot sponge, a privilege which has never yet been denied me, and always, thus far, with excellent results.

I place the alcohol bottle in the bowl and with water as hot as I can bear my hand in, sponge in the usual manner and then give the warm alcohol rub, as I find the latter also more soothing to the patient.

As my helpful JOURNAL just came to me to-day, and I am with an enteric fever and bronchitis case where hot sponging has been such a blessing, it seems a fitting time to reply. This patient is four years old, in a country village. He had convulsions for four days and nights before I came; nothing would seemingly quiet him, and I found him very nervous, delirious and restless, throwing off the bed-clothing and trying to get out of bed. Temperature, 106⅘°; pulse, 128; respirations, between 70 and 80. He had been sponged in cold water by the doctor and mother with alarming results.

I sponged in hot water for ten minutes, the temperature came down two degrees in half an hour, and has never gone to 105° since, the patient slept and results have been most satisfactory. He will recover, under ordinary circumstances.

F. H. D.

THE SUFFRAGE

DEAR EDITOR: The public school nurse and the visiting nurse must decidedly take issue with "Eastern Delegate" who finds the question of woman suffrage irrelevant at the San Francisco convention.

It is a significant fact that the same age that has produced the highly trained nurse has raised the cry of suffrage for women. The same evolutionary force that has moved womanhood to the intelligent combating of disease and pain has impelled her also to study the remedying of every sort of public ill.

We are learning that the moral welfare of society and its physical health stand in a direct ratio. Unless a community is made up of healthy bodies, it cannot have a strong, free, moral and intellectual life. To the physician and nurse belong the work of promoting this prerequisite health. But the efforts of these are tremendously handicapped by bad laws, incomplete laws, non-enforcement of laws.

Is it of no concern to a body of nurses that laws made by men have not succeeded in suppressing unsanitary tenements, that boards of health are inefficient and indifferent, that tuberculosis stalks unchecked among us, that every city has to blush at its festering slums, that the bodies of little children

are stunted by long hours of toil in factories, that womanhood's vitality is sapped by occupations that make child-bearing difficult or impossible, that economic stress drives young girls to prostitution and utter physical wreckage, that criminals and feeble minded continue to marry and breed a race physically and morally degenerate—has all this no meaning to nurses *as nurses?*

Shall we wave such problems aside and say that the power to influence their solution by the ballot does not concern a convention of nurses?

I submit that there is no organization of women to whose support the woman suffrage movement might look more appropriately than to that of the Nurses' Associated Alumnæ.

Above and beyond the relation of the nurse to her own particular patient is the deeper, ever-present relation of the nurse to society. It is probable that the average private nurse is not forced, like the visiting nurse, to feel this fact with overwhelming pressure. But she has her share in the social responsibility. The problem is in the homes of the rich and the poor alike: how to secure the physical health that is necessary for good citizenship. A thoughtful nurse will see in the suffering of the individual patient the suffering of a whole world; and when nurses meet in convention, nothing can be more relevant than the question, will woman suffrage help in any degree to cure the world's sufferings?

Opinions will differ on the answer to this question; but that its introduction at San Francisco was suitable and timely seems to this writer unquestionable.

M. Elma Dame.

[We wish that nurses generally would read the second volume of the "History of Nursing," for they would then better understand the relation between nursing and the movement for the emancipation of woman.—Ed.]

FAILURE IN EXAMINATIONS

Dear Editor: As we have to take the state examination in nine different subjects, is it fair, in case we fail in three or more of them, to have to retake the whole set? Some nurses on retaking an examination fail in subjects they passed in at the first trial. Why not take the second test in those topics only in which we fail? The May Journal informs us that thirty candidates failed in the New York examination in nursing of children and sixty-six in diet cooking, out of one hundred and forty. What causes so many to fail in these subjects? Are we properly instructed along the lines the state board requires?

R. G.

[R. G.'s letter was referred to Jane Elizabeth Hitchcock, secretary of the New York Board of Examiners, and her reply follows:

"The Board of Nurse Examiners follows as closely as possible the precedent of the other professions whose examinations are controlled by the Department of Education. In point of fact, however, it has not yet been able to demand as high a standard as that obtained by the other professions. In examinations in law, medicine, dentistry, etc., an applicant failing in one subject only is permitted to take an examination in that subject and must pass it successfully before the rest of his examination may be considered at all. Failing in more than one subject the entire examination is discounted and the applicant must retake all of the subjects to receive recognition. In the nursing profession, a successful candidate may fail in two subjects, provided the general average is

at least 75 per cent., but failing in more than two subjects the entire examination must be retaken. This is the ruling of the Regents, and is not a matter for the decision of the Board of Examiners. It will be seen that the nurses' examinations are on a lower standard than the other professions. It is earnestly hoped that the nurse examination requirements in this particular may shortly be brought up to a correspondingly higher plane."

The question at the end of the letter is answered in the report of the New York Inspector of Training Schools, published in the December JOURNAL.—ED.]

A NEED FOR NURSING LIBRARIES

DEAR EDITOR: As I am out of active nursing for the winter at least, I shall have time for reading. I do not see many nurses, and a hospital only occasionally, so the JOURNAL is highly prized by me.

I cannot afford to buy all the nursing books I want to read and study, nor can I draw them from the library, for they are not in it. How I wish I had had the JOURNAL to read when I was in training—not so very long ago—and a good library in our home would have added much to our training.

An interesting book on surgery or nursing history or biography of nurses—what a help and what a stimulus they would have been! And we would have rested while reading.

Why cannot hospital boards with the local alumnæ associations establish such a library in each hospital, the graduates to have the privilege of using the books? Has it been tried? Then, after reading a book once, we would become intelligent in buying for our own libraries. I do confess I hate to send an order for two or five dollars worth of books I haven't read. I have no good book on surgery because I do not know which one I want, never having read any of them.

If the plan is feasible will you bring it up in the JOURNAL?

Yours very truly,

T. B. H., R.N.

A QUESTION OF LOYALTY

DEAR EDITOR: If a candidate enters a training school for nurses, remains ten or twelve months, and leaves of her own accord, because the nurses' quarters are not what she thinks they should be, and because she thinks the work too hard, is it fair to graduates who have worked and studied two and three years, for doctors to employ her, when they can get a graduate nurse? I would like to hear from several nurses on this question. J. T.

COST OF ENDOWED ROOMS

DEAR EDITOR: Our alumnæ association is endowing a room for its sick nurses. We thought we might be able to get such an endowment for about five thousand dollars, but we were quite discouraged by reading in the JOURNAL that one hospital has charged its nurses twenty thousand dollars for a room. We wish associations having endowed rooms would let us know through the JOURNAL what their cost of endowment has been. Is any concession made to nurses or are they charged the same as outsiders?

AN ALUMNÆ OFFICER.

HOW TO RAISE FUNDS FOR AN ALUMNÆ TREASURY

DEAR EDITOR: I wish to say in reply to T. E. M.'s request for a way to raise funds, that they try having a Tag Day. They could easily get children to do it for them. This was very successfully tried by our hospital which is also a small one.

M. P.

REORGANIZATION ENDORSED

DEAR EDITOR: I beg to express my unqualified approval of the suggestion to reorganize our present national societies into a National Federation of Nurses, which I believe would be really national in scope and spirit.

The question of time and expense is one which has long been a sore trial to the purses and patience of many who will hail the day when one journey will cover all, and the Federation would in turn be greatly benefitted by the increased numbers and increased interest resulting. At present we are scattering our forces.

Cranford Farm, December 10.

ISABEL MCISAAC.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

ANNOUNCEMENT.—Owing to ill health and an enforced absence from a permanent address, Sarah E. Sly, secretary of the Associated Alumnæ, announces that she does not wish her name used for renomination for the office of secretary for next year, should the affiliated societies contemplate such a procedure.

THE CONVENTION PROGRAM.—Agnes G. Deans, 247 Farnsworth Street, Detroit, has been appointed chairman of the Program Committee for the Minneapolis meeting to succeed Sara E. Parsons. Grace Baker, of Des Moines, Iowa, has also been appointed a member of this committee. In December, personal letters were sent by the assistant secretary to all affiliated associations asking for suggestions of topics and speakers for the program. It is very important that *all* associations give this immediate attention and coöperate with the committee in the preparation of a good program for early publication in the JOURNAL.

SARAH E SLY, Secretary.

THE GUILD OF ST. BARNABAS.—The Guild of St. Barnabas for Nurses held its annual council at St. Louis, November 11 and 12, 1908. While many branches were unable to be represented from eastern towns owing to the long distance, those who had the good fortune to be present were well rewarded by the heartiness of the hospitality, and the usual inspiration that is derived from these gatherings. The United Benevolent Offering will be continued towards the support of a nurse in the mission field. The nurse at present is Agnes Bolster, working at "The Mission of Our Saviour," Tanana, Alaska. She sent through the general secretary a list of her needs and desires which will in turn be passed on to each branch, in the hope that each item will be appropriated and supplied in turn. A request for the AMERICAN JOURNAL OF NURSING every month, and the money for a small organ has already been complied with most gladly, and without doubt the rest will follow. The election of officers resulted in the re-election of all: *Chaplain general*, The Right Rev. Cortlandt Whitehead, Bishop of Pittsburgh; *secretary general*, Mrs. Wm. Read Howe, Orange, N. J.; *general treasurer*, Mrs. B. B. Van Harlingen, Philadelphia, Pa.

REPORT OF HOSPITAL ECONOMICS COURSE AT TEACHERS' COLLEGE

CONTRIBUTIONS TO ENDOWMENT FUND

Previously acknowledge, June, 1908	$8,168.30
Anna L. Alline	3.00
Nurses of Colorado	49.10
Maine General Hospital Alumnæ	50.00
Graduate Nurses' Association of New Hampshire	100.00
Graduate Nurses' Association of Indiana	100.00
Presbyterian Hospital Alumnæ	25.00
Members of Baltimore City Hospital Alumnæ (through Mrs. W. L. Nichols)	19.00

Methodist Episcopal Hospital Alumnæ, Brooklyn	$50.00
Church Home and Infirmary, Baltimore	10.00
Garfield Hospital Alumnæ	50.00
Moses Taylor Hospital Alumnæ	10.00
A. L. Alline, dues from Hospital Economics Ass'n	11.00
M. Gorter	5.00
E. J. Daly	5.00
Members of Rochester City Hospital Alumnæ (through S. F. Palmer)	22.50
Orthopædic Hospital Alumnæ	10.00
Members of Johns Hopkins Alumnæ	28.00
Presbyterian Training-School Alumnæ, Philadelphia	100.00
Baltimore City Hospital Alumnæ	10.00
Hartford Hospital Alumnæ	84.00
M. W. M., Thornton, Indiana	3.00
M. C. Bean	3.00
Mrs. J. D. Goldman, through M. C. Bean	5.00
M. C. Packard	5.00
Amy P. Miller	10.00
Sophie Lazenby	3.00
K. Mallalieu	3.00
Mary McGann	3.00
Anna Bettys	3.00
Rochester Homœopathic Alumnæ	25.00
Graduate Nurses' Association, Lafayette, Indiana	15.00
I. E. Wheeler	16.00
Individual Members of Orange Hospital Alumnæ (New Jersey)	102.00
North Carolina State Nurses' Association	25.00
New York State School for Training Nurses, Prospect Heights Hospital, Brooklyn	25.00
Philadelphia County Nurses' Association	25.00
Virginia State Nurses' Association (through S. H. Cabaniss)	37.50
Women's Auxiliary of Paterson General Hospital (New Jersey)	25.00
	$9,243.40

FOR CURRENT EXPENSES

New York Hospital Alumnæ	$25.00
Lottie Bushnell	100.00
New York State Nurses' Ass'n	150.00

The students have found their work of the last two months exceedingly interesting and Miss Wald's course of lectures entirely delightful. Three of these were given at the college, and the fourth at the settlement, where, after Miss Wald had talked to the students of certain phases of the work, they were in the most generous and instructive way shown the settlement houses and something of the many social activities which they represent.

Other speakers following Miss Wald have been Mrs. Florence Kelley, of the National Consumers' League, who spoke on wage-earning children, and Miss Winifred Gibbs, visiting dietitian of the Association for the Improvement of the Condition of the Poor.

The last lecture on these subjects will be by Miss Elizabeth Farrell, who will speak on the Problem of the Defective Child in the Public School.

During these two months the students have had the most covetable opportunity of listening weekly to Mr. Devine in his course on Social Economy.

Some excursions of special interest were those made to Ellis Island, where the newly arrived immigrant gets his first look into the great crucible in which he is later to be transformed into an American citizen; to the Budget Exhibit arranged by the Bureau of Municipal Research, where special guidance and explanation was given to our students; and to three hospitals, St. Luke's, the Woman's and the Presbyterian, where they were in all instances most cordially received. Miss Maxwell's courtesy, in giving up an entire afternoon to accompanying our students about the hospital, and explaining its system and methods, was greatly appreciated.

The lectures on Architecture have been made especially valuable this year by arranging for some of them to be given at Fordham and Bellevue Hospitals, where, under the guidance of the architect and the superintendent of training schools, Miss Goodrich, a practical demonstration could be made of many interesting and important features of hospital planning and construction.

The International Tuberculosis Exhibition, which has been moved from Washington to New York, was opened recently, and is housed at the Museum of Natural History, near enough to the college to enable the students to visit it frequently and give it the careful study which it requires.—M. Adelaide Nutting.

MASSACHUSETTS

Boston.—The Boston Nurses' Club held its first social for the season on the evening of November 24. On entering, the guests were seated at tables provided with scissors, paste and old illustrated papers and magazines, and each was given a book entitled "Vacation Days" containing a series of incidents of an imaginary vacation, which she was required to illustrate with appropriate pictures. Much merriment resulted, and many of the books were very clever. Afterwards "Courtship in the Vegetable Kingdom" held the company's attention for a while, and music and refreshments rounded out an enjoyable evening. At the regular quarterly business meeting of the "Club," on December 7, it was voted to use the customary Christmas offering in the same way as last year, *i.e.*, in providing some Christmas cheer for children who otherwise would have little, lists of children and their needs to be furnished by the school nurses. It was also voted that the "Club" show its interest in the anti-tuberculosis movement by purchasing a quantity of Red Cross Stamps, to be used on its official mail.

The Cushing Hospital Alumnæ Association held its first meeting on December 1, a large number of graduates being present. The election of officers resulted as follows: President, Margaret E. Coyle; treasurer, May E. Trainor; secretary, Mary G. MacDonald. The second meeting was held at Cushing Hospital, December 24.

The New England Baptist Hospital Training School graduating exercises were held on December 15, at the First Baptist Church. Dr. Hugh Cabot made the address to the nurses and Colonel Edward H. Haskell presented the diplomas. The graduates were: Christine England, Carin S. Bergstrand, Bertha M. Zellers, Esther E. Wyatt, and Clara C. Johnstone.

DR. ROWE, after resuming his duties as superintendent at the Boston City Hospital, has been obliged to resign his position permanently by the advice of his physician.

MISS HOGLE AND MISS IRVING have resigned their positions at the Somerville Hospital after nine years of service. The trustees and staff made a loyal and beautiful recognition of what they have accomplished for the hospital.

NEW YORK

NEW YORK CITY.—*International Tuberculosis Exhibition, Meetings and Conferences.*—The New York section, under the auspices of the Committee on the Prevention of Tuberculosis of the Charity Organization Society, is being held at the American Museum of Natural History, Columbus Avenue and Seventy-ninth Street, from November 30 to January 15. The exhibit is open daily from 10 A.M. until 11 P.M. and on Sundays from 1 to 5 P.M. The special nurses' session will be held on Monday, January 4. Annie Damer, R.N., president of the Nurses' Associated Alumnæ will preside. The program has been arranged by Elsie T. Patterson of the Vanderbilt Clinic and Geneveive Wilson, St. Luke's Hospital. (We were misinformed last month in stating that the program was under the direction of Miss Goodrich and Miss Nutting.) Sessions will be held at 3 P.M. and at 8.30 P.M. in the Assembly Hall. The following program has been announced.

Afternoon. "Control of Tuberculosis through the School Children," Dr. John J. Cronin, chief of Bureau of Child Hygiene, Department of Health; "A Day Camp for Consumptives," Susanne Robbins; "Compulsory Removal," Jesse A. Allen, Presbyterian Hospital; "Hospital Care of Tuberculous Patients," Agnes G. Ward, Metropolitan Hospital; "Nurses for Tuberculosis Employed by Municipality," Lois Davidson, Department of Health; "Children's Classes," Geneveive Wilson, Bellevue Hospital.

Evening. "Preparation for Social Service," James A. Miller, M.D., president of the Association of Tuberculosis Clinics; "Farm Colonies and Industrial Settlements," Mrs. James E. Newcomb, Stony Wold Sanitarium; "Woman's Responsibility for the Prevention of Tuberculosis," Mrs. Isabel Hampton Robb; "The Department of Health and the Tuberculosis Nurse," John S. Billings, Jr., M.D., New York Department of Health; "Some Suggestions as to the Preparation of Nurses for Special Work," Adelaide Nutting, Teachers' College; "Work of the Dispensary Nurse," Elsie Patterson, Vanderbilt Clinic; "The Visiting Dietitian as an Aid to the Undernourished Family," Winifred T. Gibbs, Association for Improving the Condition of the Poor.

MEETING OF THE NEW YORK COUNTY ASSOCIATION.—The regular meeting has been postponed from January 5, to Tuesday, January 12, at 8 P.M. at Room 39, Academy of Medicine, 17 West Forty-third Street. Mr. Persons, superintendent of the Charity Organization Society, will speak on "Special Employment Bureau for the Handicapped"; Miss Wadley, of Bellevue, on "Nursing the Poor in Their Homes;" Miss Patterson of Vanderbilt Clinic on a subject to be announced.

THE FLOWER HOSPITAL NURSES' ALUMNÆ ASSOCIATION will give its annual dance, on January 15 at Bretton Hall, for the purpose of raising money to endow a bed in the hospital. Tickets, one dollar.

THE NEW YORK CITY TRAINING SCHOOL, BLACKWELL'S ISLAND, graduating

exercises were held at the nurses' home on October 17. The following program was presented; Annual Report read by Miss Jane M. Pindell, superintendent of the training school. Addresses to the graduating class by Rev. Henry M. Barbour, Rector, Church of the Beloved Disciple and by Rev. D. J. McMahon, supervisor of Catholic Charities. Administration of Hippocratic oath and presentation of diplomas by Mrs. M. Cadwalader Jones, chairman, Advisory Board. Prizes were awarded by Mrs. Jones to the nurse receiving the highest general average in each class, and these prizes were presented by the commissioner, Hon. Robert W. Hebberd, to the following nurses: Miss Poole, senior class; Miss Banks, intermediate class; Miss Mills, junior class. Honorable mention was awarded as follows: Misses Banks, Kline and Moore, senior class; Misses Kline, Apgar and M. Kennedy, intermediate class; Miss Gallagher, junior class. A special address by request of the graduates was made by Dr. Edward S. Peck, chairman of the Board of Examiners and life member of the alumnæ association of the school. A reception was held in Brennan Hall and dancing was enjoyed in the evening. The following nurses received their diplomas: Marion Fitzpatrick, Adelaide R. Poole, Fanny Knecht, Anna P. Poulin, Ethel Bowness, Martha Donnelly, Minnie McGaffigan, Selma S. Segerlund, Amy P. MacDonald, Rachel Jones, Emily G. Phillips, Edna C. Ewing, Eveleen E. Martin, Clara I. Wilt, Ida Moore, Florence A. Notter, Helen L. Tipping, Charity A. Pierce, Anna M. Kelley, Helena E. Keegan, Susan V. Black, Cicely M. Campbell, Georgina M. Geary, Rose M. McGonagle, Anne H. Reid, Mary E. S. McManus, Edna V. Davidson, Agnes M. Davis, Stella M. Banks, Lillian Kline, Winifred H. Robinson, Edith M. Apgar, Susan M. Nugent, Susan F. Van Norman, Mary C. Murphy, Frances R. MacKinlay, Jessie H. Brown, Josephine Johnson.

The S. R. Smith Infirmary, Staten Island, has reorganized the administration of the hospital into two clearly defined departments.

Miss R. E. Bidmead has been engaged as principal of the Nurses Training School and supervisor of nurses and will have full charge of the instruction and work of the nurses in the school and in the hospital with the coöperation of the superintendent.

The position of executive secretary has been abolished.

Miss Cadmus, as superintendent, will continue to have charge of the general administration of the hospital and being relieved of the responsibility of the training school and supervision of nurses, she will now have charge of the accounts and records of the hospital, with the assistance of a hospital clerk.

The Brooklyn Hospital Training School Alumnæ held a meeting at the training school on December 1. The principal business of the day was a discussion on how to raise money for the club-house debt. The club-house is now filled with resident members, with an increasing registry membership, and is at present self-supporting. The society is therefore anxious to wipe out the debt incurred in starting and furnishing the club-house. The suggestion of renting a theatre for a night was most popular and it was left to the Executive and Club-house Committees to arrange details for such an entertainment. In response to the question: "How many members present would be ready and willing to answer a call from the Red Cross Society, if disaster should occur in the near future?" with two exceptions the members rose to their feet, signifying their readiness to act in all great emergencies.

ANNA DAVIDS, R.N., a graduate of the Long Island College Hospital Training School, and for some years a resident of Staten Island or Brooklyn, has accepted the position of superintendent of nurses of the Charleston General Hospital, Charleston-on-the-Kanawha, West Virginia.

ANNA C. MAXWELL, R.N., superintendent of nurses of the Presbyterian Hospital, who recently tendered her resignation, has withdrawn it at the request of the board of managers.

SYRACUSE.—THE NURSES' ALUMNÆ ASSOCIATION OF THE HOSPITAL OF THE GOOD SHEPHERD held an adjourned meeting on December 3 at the Waverly Avenue Nurses' home. Arrangements were completed for a birthday party to be held at the County Hospital, on the invitation of Miss Arvilla E. Everingham, superintendent of the hospital. After other routine business, a paper on "Red Cross Work," written by Miss Pindell for the New York State convention, was read. It is hoped that the nurses of this section may become better acquainted and more interested in the splendid work of this organization. On December 7, two carry-alls of nurses and friends enjoyed Miss Everingham's hospitality at the birthday party and passed a very merry evening.

ROCHESTER.—THE ROCHESTER HOMŒOPATHIC HOSPITAL is to have a new nurses' home through the generosity of Mr. Eastman. The fund of $60,000 for its erection was given by Mr. Eastman in memory of his mother.

ITHACA.—THE CITY HOSPITAL NURSES gave a very attractive bazaar at which $536 was made. The annual report of the hospital shows that through the active interest of its supporters the receipts exceeded the expenditures, although of 554 patients cared for, only 107 paid a sum sufficient to cover the actual average of cost. The work of the hospital has greatly increased and more room is needed for patients, nurses, and employees.

UTICA.—BERTHA IRONS, class of 1905, Faxton Hospital, has been appointed superintendent of the Little Falls Hospital, Little Falls. Ida Thomas, class of 1906, has been appointed superintendent of Ossining Hospital, Ossining.

NEW JERSEY.

STATE MEETING.—The New Jersey State Nurses' Association held its Semi-Annual Meeting in Plainfield, at the Y. M. C. A. building, on December 1. The meeting was called to order by Miss Dennis, first vice-president, in the unavoidable absence of Ellen Connington, president, and the secretary's place was also filled by Miss M. Squire. After the reading of the minutes and roll call, further business was suspended, and a brief address was listened to from the Rev. Dr. MacCrae who took as his subject the Mention of *Nurses* in the Bible; declaring Deborah to have been the first recorded nurse. Dr. Corbuser followed with a very interesting account of "Work in the Philippines" and when the afternoon had sufficiently darkened, stereopticon views illustrating scenes in China and conditions during the Boxer out-break were exhibited, which were of very great interest. Before these were shown, and while the light was still too strong, Miss Dock took the platform, and made her plea on the "Condition of Almshouses." Some investigations had been made in New Jersey, where it was possible, and while none were perhaps worse than in other States, it was not shown that any places were better. The nurses were urged to make a concerted effort that in, at least, one almshouse in one district, a trained nurse might be appointed. The address was

concluded by a reference to woman's suffrage, and the part that nurses could take in the movement. At a late hour business was resumed, although by that time the numbers were much diminished. The amended constitution and by-laws are still under consideration, and will not be acted on hurriedly. A plan for the division of the State into six districts is also before the Association. The Annual Meeting will be held the first Tuesday in May, the place and hour to be announced later.—HELEN STEPHEN, *Secretary.*

ORANGE.—AT THE NURSES' SETTLEMENT a course of lectures is being given in connection with the training class that is not receiving instruction in district nursing; it is open to all graduates, many of whom took advantage of the invitation to be present at the first one given by Dr. Henry A. Pulsford on "*Nursing in Contagious Diseases.*" This did not deal, as might have been supposed, with the technical case of the patients; but of the pros and cons of nursing, or accepting cases of contagion, first from the nurses' point of view—why do many refuse such cases—why should they take up the profession, if they exempt so many diseases? Tuberculosis was of course included, though it was pointed out how negative the danger became, as soon as the well-trained nurse entered upon her duties, and that with a little reasonable care of her personal health, the sick-room became the safest spot in the house, owing to the sanitary precaution taken, and the current of fresh air both patient and nurse should enjoy; but it was well for the nurse to be of a bright and hopeful disposition, to cope with the depression and monotony of the disease, as well as to second the hopeful side so apt to exist in all such cases. There need be no "inherited predisposition" but owing to the oftentimes severity of cases and hard work of nursing, many nurses were apt to be run down, and "below par" so that if there had been a congenital tendency to tuberculosis, or general weakness, there might then be a condition receptive to any germ. As to personal fear in the main, he could not believe that that existed to any extent, or could be reckoned as among the causes for refusal, though there were times when throat conditions were urged as excuses, but very simple treatment of such "pockets" or other causes of susceptibility would remove even that impediment. The following dates and subjects form the schedule of the course:

December 16. "School Nursing," followed by field work, Julia Bronis, inspecting school nurse.

January 5, 1909. "Efficiency," R. D. Freeman, M.D.

Presentation of certificates to nurses in training class; Miss Mildred Wilson, Orange Training School, 1908, Mrs. Caroline Bittnes, Cape May Hospital, 1907.

January 13. "Principles of Nursing Tuberculosis," Elise Atwood, tuberculosis visiting nurse.

February 3. "Care of Infants," Palmer Potter, M.D.

February 23. "Settlement Ideals," Lilian Wald, Henry Street Settlement, New York, N. Y.

March 8. "Obstetrics," J. V. Adams, M.D.

March 12. "School Nursing," Julia Bronis.

April 7. Principles of Relief," Jas. William, Secretary Bureau Associated Charities.

April 21. "Nursing Tuberculosis," E. Atwood.

May 6. "Red Cross," M. H. Pierson.

PENNSYLVANIA

PHILADELPHIA.—THE TRAINING SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL held graduating exercises in Houston Hall on November 24. The address was by Dr. S. Weir Mitchell, who said that a course in a training school was better for a woman than a college course. He advised the nurses to try to save their money, as from ten to fifteen years is the limit of their competent working years. Dr. Mitchell said each nurse should become a member of the State Society for Graduate Nurses. The diplomas were presented by Mr. John Sailer, president of the board of managers. At the close of the exercises an informal reception was held and refreshments served. The graduates, some of whom already have responsible positions in hospitals, are, Freda W. Warden, Anna E. Leary, Anna L. Phillips, Bessie C. McLaughlin, Ida W. Anderson, Garbarella M. Wettlaufer, Lulu V. Bevan, Idah K. Beery, Sadie Barrow, Sara Rhodes, Mary M. Spears, Nora R. J. Mattis, Effie Berry, Huldah A. Peffal, Harriet A. Stem, Kathleen Gooding, Anna L. Kohl, Margaret Craig, Cecelia A. Mooney, Anna R. Crouch, Carrie G. Tyson, Alverta McKervin, Loretta Quinn, Mary A. Madden, Maud E. Moss.

THE HAHNEMANN HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in Holy Trinity Parish House on November 4. The address to the class was by Dr. H. L. Northrop, Dean of Hahnemann College. The diplomas were awarded by Charles D. Barney, president of board of trustees. Class pins were presented by Eva J. Hood, superintendent of training school.

The graduates were Fanny E. Eckert, Jess M. McKee, Kathryn Detwiler, Lillian E. Hardick, Maud C. Powley, Mabel A. Klinger, Sara R. Kulp, Louise O. Hamel, Ella L. Knight, Gretha Reiter, Mabel G. Young, Kathryn M. Burke, Margaret Hershey, Katharine R. Flynn, Emma M. Kircher. The Hahnemann Hospital Nurses' Alumnæ Association gave its annual reception to the graduating class on November 6, at the Belmont Cricket Club, from 8 to 9 P.M., followed by dancing and cards.

THE PHILADELPHIA ORTHOPEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES held graduating exercises of the training school for nurses in Epiphany Chapel Parish House on November 27. Addresses were made by Dr. Morris J. Lewis and Rev. Philip J. Steinmetz, Jr. A reception followed at the hospital.

GERMANTOWN.—THE ALUMNÆ ASSOCIATION OF THE GERMANTOWN HOSPITAL held its sixth annual meeting at the hospital on Nov. 17. The following officers were elected for the ensuing year: president, Helen L. Cotter; vice-president, Edna Calely; secretary, Margaret E. Jones; treasurer, Rose Phillips. The meeting was followed by an informal tea at which the members were presented to Margaret Gordon the new superintendent of nurses. A subscription dance was given December 14 at Belfield Club by the Alumnæ Association of Germantown Hospital, for the purpose of increasing the fund to endow a room in the Private Hospital for sick nurses.

ANNA L. SCHULZE AND JANE ENGLISH, graduates of the training school of the Hospital of the University of Pennsylvania, have accepted the positions of superintendent and directress of nurses in the Saratoga Hospital, Saratoga Springs, N. Y. Caroline Hiltell, a graduate of the same school, is superintendent of the Robert Packer Hospital, Sayre, Pa. Anna E. Brobson, graduate of the same school, has gone to Spangler, Pa., to take charge of a new hospital, opened on January 1, The Miners Hospital of Northern Cambria.

PITTSBURG.—THE NURSES' ALUMNÆ ASSOCIATION OF THE WESTERN PENNSYLVANIA HOSPITAL held a bazaar at the Rittenhouse on November 30 and December 1 at which they realized $1500. This fund will be used as the contribution of the alumnæ toward the new hospital buildings which are in course of erection on Friendship Park.

THE ALLEGHENY GENERAL HOSPITAL NURSES ALUMNÆ ASSOCIATION held its annual meeting at the hospital on December 7. Officers for the coming year were elected as follows: president, Rose Corbett; vice-president, Marie Hanlin; treasurer, Catherine J. Clover; recording secretary, Lenna Mathews; corresponding secretary, Isabel Chaytor.

PUNXSUTAWNEY.—THE ADRIAN HOSPITAL NURSES' ALUMNÆ ASSOCIATION held its semi-annual gathering at the hospital on December 3, Mrs. C. R. Stevenson, the president, presiding. Three new members were enrolled. Several important items of business were discussed but action on them was held over, as there was a small attendance. It was decided that at the annual meeting, the first Wednesday in June, a banquet would be given at the home of Mrs. Stevenson in Adrian.

ADA JONES, class 1907, Allegheny General Hospital, has been confined to the hospital for a number of weeks with an attack of appendicitis. Nellie Wright, class 1902, is in Atlantic City recuperating after a long illness. Jennie Brown, class 1908, has just recovered from an operation for appendicitis.

ELIZABETH SHEA, graduate of the Erie County Hospital of Buffalo, is doing graduate work in the operating rooms of the Western Pennsylvania Hospital, where Victoria E. Armstrong, also a graduate of Erie County, holds the position of assistant directress of nurses. Marie Eldred Logan, class of 1908, Western Pennsylvania Hospital, has received an appointment in the Army Nurse Corps, and left Pittsburg, December 12, to report at the Presidio, San Francisco.

DISTRICT OF COLUMBIA.

WASHINGTON, D. C.—THE ALUMNÆ ASSOCIATION OF THE GARFIELD MEMORIAL HOSPITAL, at the November meeting, held a reunion of all graduates of the school, about fifty being present. Some of these are not members of the alumnæ association but will join later.

THE ALUMNÆ OF THE TRAINING SCHOOL OF PROVIDENCE HOSPITAL celebrated their first reunion with what proved to be a most delightful entertainment at the hospital on November 30. Members from distant States were present, resident nurses, pupils, the resident and visiting medical staffs, invited guests, over two hundred in all. The guests were welcomed by Miss Sullivan of Massachusetts. The first portion of the entertainment was a vaudeville, with music and readings. After this a buffet luncheon was served, followed by dancing. It has been decided to make this an annual function.

THE COLUMBIAN WOMEN of the George Washington University have extended a most cordial invitation to the nurses to co-operate with them in making a success the movement they have already started to make the Woman's Building, 1536 I Street, a meeting place for women of thought and action. In order to centre this interest they have decided to serve tea every afternoon (except Sunday) from 3.30 to 5.30, at a nominal charge. It is hoped that every nurse in Washington will be interested in this movement.

THE CENTRAL REGISTRY FOR NURSES is making most gratifying progress. It begins its third year with a very substantial surplus in the treasury. Miss

Winner, Registrar, reports increasing interest from physicians and the public generally. Miss M. S. Hammond, R.N., graduate of the New Haven Training School has been appointed assistant Registrar for the ensuing year. The untiring efforts of Miss Winner in the work is worthy of note.

THE GRADUATE NURSES' ASSOCIATION, through the courtesy of Henry A. Willard, Esquire, has had the reception rooms at the Occidental Hotel placed at its disposal for an indefinite period as a meeting place. At a meeting held there December 1, one of the most pleasing features of the occasion was an informal reception held by Mr. Willard, who is one of the oldest residents in the District and has long been noted for his interest in hospitals and training schools. Dr. Randolph gave a short talk on the important part the nurse can play in the prevention of tuberculosis, the influence she can wield as she pursues her daily avocation in her endeavor to teach people in all walks of life the proper way of living; he strongly emphasized the beneficent effect of a word of courage and sympathy to the patient suffering from this dread disease. He urged all nurses to become members of the Association for the Prevention of Tuberculosis.

ANNA J. GREENLEES, R.N., has been appointed a member of the Committee on Membership, in connection with the Society for the Prevention of Tuberculosis in the District of Columbia.

The ladies in charge of the Christmas Red Cross Stamp Work report an enormous sale in the District of Columbia. President-elect Taft has been again elected President of the National Red Cross Society.

EXAMINATION QUESTIONS OF THE DISTRICT OF COLUMBIA BOARD

Surgical

1. How would you prepare your hands to do a surgical dressing?

2. How do you prepare instruments for use? Are all instruments treated in the same way? How do you clean them after use?

3. Give preparation of patient for 24 hours before any capital operation?

4. What are the symptoms of shock? How do they differ from those of hemorrhage? How would you treat shock until the arrival of the physician?

5. What causes pus in a wound?

Contagions

1. How would you select and prepare a room for a contagious case, such as scarlet fever or diphtheria?

2. How would you disinfect room and contents after such a case?

3. How is scarlet fever communicated? Diphtheria? Measles?

4. What are the special dangers in scarlet fever? What symptoms are you to watch for?

5. In laryngeal diphtheria what is the danger and what symptoms are you to watch for?

Materia Medica

1. What are anæsthetics; in what two ways are they most generally used; give an example of each?

2. What is meant by idiosyncrasy and demonstrate with an example?

3. What are disinfectants, antiseptics, deodorizers, hypnotics and tonics; give an example of each?

4. What are emetics; in what two ways do they act; give an example of each?

5. Give the doses of the following: Tr. opii camph.; tr. digitalis, tr. opium, tr. nux vomica, and tr. aconite.

Dietetics

1. Name four easily digested albuminoids, not including eggs and chicken?
2. Of what use are vegetables in the system?
3. Why are fruits beneficial; name the easily digested ones?
4. Name the different classes of food.
5. How would you cook rolled oats or wheat?

Medical Nursing and Emergencies

1. a. What is Normal Saline Solution?
   b. At what temperature should it be given by rectum?
2. If Saline Solution is given for shock by rectum, how should it be given?
3. a. Give the causes of bedsores and precautions taken to prevent them?
   b. After bedsores occur what treatment should be given by nurse?
4. When extremities are cold and temperature high which bath is preferable, warm or cold? Why so?
5. Outline the nursing care of patient suffering from pulmonary tuberculosis.
6. Give two causes of abscesses from hypodermic injections and treatment to guard against them.
7. What immediate precautions against infection would you take in case of animal and insect bites?
8. State the simplest way to produce vomiting so essential in case of poisoning.
9. a. In what stage of typhoid are hemorrhages apt to occur?
   b. What are the symptoms of perforation and treatment while awaiting the arrival of doctor?
10. Outline a nurse's duty in case of a fatal termination.

Obstetrics and Gynæcology

1. If patient in puerperium, having been in normal condition for the first three or four days after confinement, should suddenly complain of headache and a feeling of chilliness with temperature rising to 103° or higher, what might this indicate? What would be a nurse's first duty under these circumstances?
2. What is the usual length of time required for the generative organs to regain their normal size and condition following confinement?
3. In drying up the milk what care should the breasts receive and what diet would you give the patient?
4. What disease of the breasts is most apt to follow labor, and what measures would you adopt to prevent it?
5. How should a patient be prepared for instrumental delivery?
6. What do you understand by placenta prævia?
7. How is the fœtus nourished?
8. Under normal conditions how soon should a cord be ligated? Give your reasons?
9. Give diet and after-care in abdominal operation.
10. What can you do for nausea and vomiting following an operation?

Anatomy, Physiology and Hygiene

1. Classify the bones of the body according to their shape. Give an example of each and locate same?
2. a. Name the varieties of muscular tissue, and give examples.
   b. Name two serous membranes and locate each?

3. a. What is the dorsal cavity and what does it contain?
b. Name divisions of the brain?

4. What vessels convey the blood from the lungs to the heart? In what particulars do they differ from other vessels carrying blood to the heart?

5. Name the digestive juices and the action of each?

6. State briefly how the products of digestion are conveyed to the blood?

7. Define absorption—assimilation—cohesion—excretion—secretion?

8. Of what is pure air composed? What are the characteristics of expired air?

9. Mention some of the sources of impure air in the sick room and how they may be lessened or avoided?

10. At what temperature would you ordinarily keep a sick room? Of what advantage is a fire-place.

MARYLAND

BALTIMORE.—THE UNIVERSITY OF MARYLAND NURSES' ALUMNÆ ASSOCIATION held its regular quarterly meeting at the Nurses' Home, 21 North Carey Street, on December 7. The principal subject for discussion was an endowment fund for nurses. The following officers were elected: president, Mary E. Bradbury; first vice-president, Elizabeth Read; second vice-president, Alice F. Bell; secretary, Mary E. Grimes; treasurer, Mrs. Nathan Winslow; members of executive board, E. Roby, Fannie B. Daniel. After the meeting the members were served with a luncheon provided by the matron, Mrs. Aiken.

THE BARNARD ALUMNÆ ASSOCIATION held its fall meeting on November 14, at the Biedler and Sellman Hospital. There was a good attendance. Following the reading of the minutes, several amendments were made. A letter from Drs. Biedler and Sellman was read by the secretary, in which they, as successors of the Barnard Hospital Training School for Nurses, extended a most cordial invitation to the Barnard Alumnæ Association to affiliate with the Biedler and Sellman Hospital Training School for Nurses Alumnæ Association. A rising vote of thanks was tendered the physicians. It was moved the letter be put on file, and the secretary write a note of thanks to them for their cordial invitation. It was unanimously voted to extend an invitation to them to become honorary members of the Alumnæ Association. An invitation was also extended to Dr. Geo. W. De Hoff (resident physician of the hospital) who has always been interested in the success of the nurses. It was unanimously agreed upon that the Alumnæ give Dr. Barnard a gift as a token of their high respect and regard for him, and the appreciation of the care with which he guided his nurses during their training. A committee was appointed to make the selection of a gift. It was decided to have a sale of the articles the nurses have been collecting for some months, on December 2, at the Biedler and Sellman Hospital, the proceeds to go toward furnishing an Alumnæ Room. The five story addition to the hospital that has been under erection the past year, is now completed, allowing, in all, a hundred beds. The building has been erected with much care; beautifully equipped with the most modern conveniences. The operating room is finished in heavy marble, reaching nearly to the ceiling. The hospital is one of the most desirably situated in the city, as it is on the main boulevard. The president appointed committees to take charge of the sale. A rising vote of thanks was tendered Miss P. A. Burting, superintendent of the training school, for her untiring efforts and great assistance rendered the Alumnæ during the past year. After adjournment a collation was served by the physicians of the hospital.

WEST VIRGINIA

HUNTINGTON.—THE CABELL COUNTY BRANCH of the West Virginia State Association met at the C. and O. Hospital on December 7. The subject of district nursing and free dispensary, with ways and means for their support was discussed. The graduate nurses of Huntington hope to perfect an arrangement in the near future, by which a graduate nurse may be employed all the time to do district work for the Huntington poor. Officers for the Cabell County branch will be elected on the first Monday in January, for 1909.

NAOMI A. SIMMONS has become superintendent of nurses at the Kessler Hospital and Sanitarium.

OHIO

DAYTON.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its regular meeting at the Memorial Home of the Miami Valley Hospital, November 18. Katherine Roush, who has recently returned from Panama, read an interesting paper on the work and conditions there.

CINCINNATI.—THE JEWISH HOSPITAL ALUMNÆ ASSOCIATION held its regular meeting on December 4 at the nurses' home, the vice-president, Miss Roberts, presiding. A beautiful letter from the president, Mrs. Ilsen, was read and appreciated by all. The members also enjoyed a paper by Miss E. M. Pierce on "The Need of the Alumnæ Association." An interesting feature of the meeting was the tea given in honor of this year's graduates, who were welcomed into the association and presented with the alumnæ badge and the program for the ensuing year.

CLEVELAND.—THE GRADUATE NURSES' ASSOCIATION at the monthly meeting held in the "Benjamin Parlor" of the Young Women's Christian Association, December 8, unanimously carried a vote heartily approving the plan of reorganization of the Associated Alumnæ and the Superintendents' Society as outlined in the December number of the AMERICAN JOURNAL OF NURSING.

ILLINOIS

CHICAGO.—MARY J. FINLAYSON, Post-graduate Hospital, has taken charge of the Copper Queen Hospital, Bisbee, Arizona.

THE ILLINOIS TRAINING SCHOOL will tender a New Year's reception to all graduates at the home on January 6, from 3 to 5 P.M. All graduates are cordially invited to attend. Ida Napper, class of 1908, is a head nurse; Roberta Muhs, class of 1907, is head nurse of the receiving ward; and Mina Theile, class of 1905, head nurse of the obstetrical department of Cook County Hospital. Mary Watson, class of 1902, is assisting Miss Johnson in the Contagious Hospital. Jane Stoker, 1895, who has been in the west for several years, has returned to Chicago and has taken up private duty.

COLORADO

DENVER.—MARY B. EYRE, Secretary of the Colorado State Board of Nurse Examiners, was recently appointed anæsthetist of St. Luke's Hospital, Denver, Colo. The entire surgical staff approved the appointment, and the position is to be a permanent one. Annie Florence and Miss Collier have for some time been acting as anæsthetists for two or three of Denver's best surgeons. Three hospitals besides St. Luke's have agreed to admit nurses as anæsthetists.

MINNIE GOODNOW has resigned from the position of supervising nurse of the Park Avenue Hospital to take the superintendency of the Bronson Hospital, Kalamazoo, Michigan. Maud Cline of Longmont Hospital, Longmont, is to succeed Miss Goodnow. Miss Morris, chief nurse of St. Luke's Hospital, has resigned her position to become superintendent of a hospital at Fort Worth, Texas. She is succeeded by Miss Slack.

COLORADO SPRINGS.—THE NURSES' REGISTRY ASSOCIATION has moved from the Deaconess' Hospital to the D. Y. Butcher drug-store, where calls are answered night and day. It has been received into membership by the Associated Alumnæ and hopes to send a delegate to the next convention. At a recent meeting a committee was appointed to investigate the establishment of a registry started by an experienced nurse, at a local drug-store, who represents her nurses as being members of the Red Cross Society. An effort was made to start work on getting a representative on the State Board of Nurse Examiners to fill the vacancy occurring in April, but was deferred until January meeting. The association has been having very instructive lessons in parliamentary law by Professor Dubach.

TEXAS

ANNOUNCEMENT.—The annual meeting of the Graduate Nurses' Association of Texas, which had been set for the first Wednesday in February, 1909, at Austin, has been postponed to a later date. The exact time and place will be announced thirty days before the meeting in our official organ, THE AMERICAN JOURNAL OF NURSING. By order of the president, MILDRED M. MCKNIGHT, secretary-treasurer.

GALVESTON.—LINA HILL, John Sealy Hospital, is in charge of the sanitarium at the Agricultural and Mechanical College, Bryan. Edna Titsworth, class of 1908, John Sealy Hospital, is in charge of the infirmary at Austin. Nannie Tipton, class of 1908, John Sealy Hospital, has charge of the sanitarium at Nacogdoches.

CANADA

TORONTO.—AN ERROR occurred in the report concerning the officers appointed by the Canadian National Association, viz., the secretary-treasurer is Flora Madeline Shaw, Montreal General Hospital, instead of Miss Matheson, as previously reported. Miss Shaw is a niece of Miss Joan Matheson a graduate of Bellevue Hospital, which may account for the error.

THE "FAIR OF ALL NATIONS" held by THE NURSES' CLUB of Toronto, was opened by Sir Mortimer and Lady Clark. This Fair was composed of graduates from all hospitals connected with the central registry in this city, and was held in Massey Hall November 12 to 14. It was a very great success indeed, and when all expenses are paid will probably leave them with about three thousand dollars in the bank. The purpose of this fête was to raise funds towards the purchase of a nurses' club house. On the last evening the "march past" consisted not only of the occupants of the various booths, dressed in the costume of the countries they represented, but also of about four hundred nurses dressed in the uniform of the various training schools in the city. Among these were one hundred nurses from the training school of the Toronto General Hospital. The only unfortunate feature of this great Fair was the fact that the crowds were so immense as to prevent access to the various booths containing wares from all nations, consequently the promoters have still a large quantity of material to

be disposed of. Since the closing of the Fair a number of checks have been received, notably one from Mrs. Timothy Eaton for five hundred dollars.

Miss SNIVELY and nurses gave a dance in the nurses' residence on December 11.

WELLAND, ONTARIO.—A new hospital of thirty beds will be opened in the near future. The appointment for superintendent has not yet been made.

BIRTHS

AT Washington, D. C., a son to Mrs. Henry Ash. Mrs. Ash was Ella F. Jacobs, class of 1896, Garfield Memorial Hospital.

AT Syracuse, N. Y., a son to Mrs. George Jenkins. Mrs. Jenkins was Edith Jolley, class of 1904, Hospital of the Good Shepherd.

AT Mexico, N. Y., a son to Mrs. Allen K. Hart. Mrs. Hart was Georgiana Watson, class of 1905, Hospital of the Good Shepherd.

IN August, 1908, at Chadwick, N. Y., a son to Mrs. Edwin Griffith. Mrs. Griffith is a graduate of Faxton Hospital, Utica, N. Y., class of 1906.

ON October 21, at Washington, D. C., a daughter to Mrs. William I. Deming. Mrs. Deming was Alice M. Fitzhugh, class of 1904, Garfield Memorial Hospital.

MARRIAGES

ON November 10, at Davisville, Ontario, Berta Brydon, class of 1907, Toronto General Hospital, to Harold F. Richie.

ON December 10, at Ashland, Kentucky, Louise D. Milton, class of 1900, University of Maryland Hospital, to Mr. Anxier.

IN September, 1908, at Chillicothe, Texas, Mrs. Mary S. Brituelle, class of 1907, John Sealy Hospital, Galveston, to Jess Dale.

IN November, 1908, Antonia Böettcher, class of 1900, Faxton Hospital, Utica, N. Y., to Louis A. Glouckner, of Dallas, Texas.

ON November 18, Helena Merriam, graduate of the Memorial Hospital, Niagara Falls, N. Y., to Homer Genung, M.D., of Freeville, N. Y.

ON December 2, Bertha P. Rodgers, class of 1907, Western Pennsylvania Hospital, to William Jones. Mr. and Mrs. Jones will live in Sharon, Pa.

ON November 18, at Carmichael, Pa., Bessie J. Stephenson, class of 1906, Allegheny General Hospital, to Rev. Frank M. Patterson, of Greensboro, Pa.

ON September 7, at North Brookfield, Mass., Annie E. Doyle, class of 1906, Boston City Hospital, to William A. Gilson. Mr. and Mrs. Gilson will live at Nahant, Mass.

ON November 26 Maud Fowler, class of 1903, Homœopathic Hospital, Washington, D. C., to Ralph Jones. Mr. and Mrs. Jones will live at The Ashburne, Washington.

ON December 5, Blanche Wilcox, class of 1904, Homœopathic Hospital, Washington, D. C., to Robert Sonnen. Mr. and Mrs. Sonnen will live at 749 Newton Place, Washington.

ON November 4, at Atkinson, Kansas, Mrs. Ellen Keene, class of 1897, Indianapolis City Hospital, to Frank Wilkinson of New Castle, Indiana. Mr. and Mrs. Wilkinson sailed on November 6 for Huelva, Spain, where Mr. Wilkinson will be employed for two years.

DEATHS

At her home in Cross Creek, Pa., Mrs. W. Craig Lee, formerly Mary Taylor, class of 1898, Allegheny General Hospital.

In August, 1908, at the Austin Sanitarium, Austin, Texas, Urala Weyland, class of 1908, John Sealy Hospital, Galveston.

On December 4, at Prairie Du Lac, Wisconsin, of pneumonia, Mrs. Moore, who was Miss B. S. Blachly, class of 1894, Illinois Training School.

Suddenly, Janet Hale, class of 1892, University of Maryland Hospital. She was buried at Raleigh, North Carolina. Miss Hale had a noble character, was devoted to her profession, gifted with personal magnetism, and was esteemed by all who knew her. Her associates feel that they have lost a valued and honored member of the association.

On November 27, at the Mary Hitchcock Hospital, Hanover, New Hampshire, of tubercular peritonitis, Persis Plummer. Miss Plummer was a graduate of the Massachusetts General Hospital, where she was head nurse for a time, afterward doing private nursing. She had been a great sufferer for years, but was always cheerful and of good courage.

On December 3, at Dansville, N. Y., Mary Ellen Welch, assistant superintendent of Jackson Sanatorium Training School for Nurses, died as a result of shock following an operation. She was a devout Christian and devoted to her profession and had proved herself of exceptional ability and charming personality. Her memory will be an enduring inspiration in the minds of those with whom she had been associated. The funeral and interment were at Olean, New York.

On October 14, at her home in London, Ontario, Rebecca J. Evans, graduate of St. Luke's Hospital Training School, New York. Miss Evans was graduated from the hospital in 1895, and within a few months entered the office of Dr. William T. Bull, as secretary and office nurse, where she remained until a few weeks before her death. She was a woman of marked loyalty and honor and of unusual ability and earnestness of purpose. A large circle of friends deeply mourn her loss.

PRACTICAL SUGGESTIONS

HOW TO PREPARE FOR EMERGENCY RELIEF WORK

By BESSIE E. SEVERANCE

During the State Sunday School convention, held in Detroit in November, lasting three days, the general committee called on the Central Directory to secure nurses who were willing to give some service, at least half a day at a time, to the care of a rest-room, and to any cases requiring simple treatment and care. Thinking our experience might be of benefit to the uninitiated, I will give a list of articles we found necessary for the work.

There should be two rooms provided, one for women, and one for men, with a half-dozen easy chairs, four canvas-covered cots, six pillows, four gray cotton blankets, one dozen pillow slips, one dozen towels, two sheets, two screens, two large basins, two small basins, four pitchers, six glasses, two teaspoons, one large slop pail with handle, one wash bowl and pitcher, one hot water bottle, and sanitary napkins. Dressings for surgical cases are: one pound absorbent cotton, one 5-yard roll sterile gauze, one roll of adhesive strap, one tube vaseline, one tube liquid court plaster, bandages, bichloride tablets, and boracic solution. A few simple remedies should be furnished by the physicians on call, such as are used for headache, toothache, diarrhœa, vomiting, vertigo, etc. Two physicians should be on call.

The nurse will need her thermometer and hypodermic syringe, with tablets of strychnine $^1/_{60}$, nitroglycerine $^1/_{100}$, digitaline $^1/_{150}$, morphine $\frac{1}{8}$, codeine $\frac{1}{2}$.

The nurse's duties are to make patients comfortable, and save all the usual discomfort attendant at such gatherings. Of course, the patients are sent away to their homes as soon as they are able to go. A good arrangement is to have one nurse in charge all the time, with assistants, who can come for a half day or more. There should always be two nurses on duty at the same time, that there may always be one in each room. This relief nursing has come to be a recognized need at all large conventions, and we must be prepared to meet the requirements.

WHAT I found extremely convenient in nursing a case of typhoid in a hotel, was an arrangement for keeping ice, milk, etc., without having to go over two or three flights of stairs to the ice-box each time a bath was given, an ice-cap wanted, or nourishment administered.

A good sized galvanized iron garbage can was procured, into which, near the bottom, a faucet was inserted. Inside, about a third of the way from the bottom, a shelf was arranged which did not extend all the way across the can. On this the ice was placed, loosely filling the can, leaving space for such things as required to be kept cool. The can could be wrapped in newspaper to prevent too great waste of ice, and the water drained off served for baths. The whole cost was much less than a nursery refrigerator and much more satisfactory. F. S.

I WOULD like to call the attention of nurses to a book by Luther Burbank called "The Training of the Human Plant." I have read many articles on the training of children, but nothing so practical as that. E. C. H.

THE trouble so often experienced in getting the new baby to nurse is suddenly overcome by first pumping a little milk from the breast. Have re..dy a little of the milk in a medicine dropper, and as the nipple is put into the infant's mouth, drop some milk into his mouth, and what he has tasted will be an incentive to work hard to obtain more, and he will go at his task with a will. E. B., R.N.

Two men who travelled in Spain recently, where there are many fleas, tried wearing camphor gum about the neck in a bag. They had no discomfort from the fleas, and were sure the camphor gum worked a charm. M. D. B.

[Perhaps the next nurse who travels to a country similarly infested will be good enough to try the experiment and let us know the result.]

BOOK REVIEWS

IN CHARGE OF
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TABER'S POCKET ENCYCLOPÆDIC MEDICAL DICTIONARY. Edited by Clarence W. Taber, Author of Taber's "Medical Dictionary for Nurses," "The Secret of Sex," Co-Author of "Eales' and Taber's Anatomical and Physiological Chart." Associate Editor, Nicholas Senn, M.D., Ph.D., LL.D., C.M., Professor of Surgery of University of Chicago; Professor and Head of the Surgical Department Rush Medical College; Surgeon-in-Chief St. Joseph's Hospital; Attending Surgeon Presbyterian Hospital; Surgeon-General of Illinois; Lieutenant-Colonel and Chief of the Operating Staff with the Army in the Field During the Spanish-American War, etc. Third Revised Edition. Price, $1.50. Laird and Lee, Chicago.

Another old friend coming most opportunely with the holiday season—a gift that can hardly come amiss—and so elegant in binding that any one must be attracted by its appearance. As its title suggests it is something more than an abridged medical dictionary. The matter is arranged in encyclopædic form and though necessarily condensed it is not scrappy, and when the subject justifies amplification it gets all the room it needs to make it understood. The name of the late Dr. Senn as one of its editors is warrant of its excellence.

THE PHYSICIAN'S VISITING LIST FOR 1909. P. Blakiston's Son & Co. (Successors to Lindsay and Blakiston), 1012 Walnut Street, Philadelphia, Pa.

This old friend makes its appearance in the fifty-eighth year of its publication—an invaluable aid to order and punctuality. The dose table has been revised in accordance with the latest U. S. Pharmacopœia but in other respects the latest edition is unchanged except to follow the calendar. The price is as follows:

For 25 patients per day	$1.00
" 50 " " "	1.25
" 75 " " "	2.00
" 100 " " "	2.25

PRACTICAL POINTS IN ANÆSTHESIA. By Frederick Emil Neef, B.S., B.L., M.D. Price, 60 cents. Surgery Publishing Company, 92 William Street, New York.

A book that suggests holiday times and gifts, and good cheer. It comes in a brilliant scarlet and gold binding—printed on a beautiful creamy paper, the head-lines and paragraphs in red type. It presents the impressions of the writer, on the correct use of anæsthetics, or rather of chloroform, ether and a combination of these two—anæsthol. It is not a digest of the work of other writers, but is confined to the personal experiences of the author and to the method and use in practice in the German Hospital of New York. The accidents, sequelæ, etc., are discussed and the most convenient methods of handling are suggested. Anæsthesia is one of those things that even in the hands of the most experienced demands all the attention of the operator, and even the most experienced often finds himself "up against" some individual idiosyncrasy which will tax all his knowledge and his past experience to deal with. The present volume is not to veterans but rather to those whose field is limited to occasional cases and who are fain to draw on some one else for what the author truly designates a simple working rule.

CONSUMPTION: HOW TO PREVENT IT AND HOW TO LIVE WITH IT. Its Nature, Causes, Prevention, and the Mode of Life, Climate, Exercise, Food, and Clothing Necessary for its Cure. By N. S. Davis, A.M., M.D., Professor of Principles and Practice of Medicine, Northwestern University Medical School, Chicago; Physician to Mercy and Wesley Hospitals; Member of the American Medical Association, American Climatological Association, Illinois State Medical Society, Chicago Medical Society, Chicago Pathological Society, Chicago Neurological Society, Chicago Academy of Sciences; Fellow of the American Academy of Medicine; Author of a Hand-Book on "Diseases of the Lungs, Heart and Kidneys," and a treatise on "Diet in Disease and Health." Second Edition, thoroughly revised. 12mo. 172 pages. Bound in extra cloth. Price, $1.00 net. F. A. Davis Company, publishers, 1914–16 Cherry Street, Philadelphia, Pa.

The present moment is one in which any literature pertaining to tuberculosis commands attention; and while there are numbers of new books on the subject, and although many ideas have been modified or changed entirely, in regard to treatment, since this book first appeared eighteen years ago, there is much to justify the author in the expectation of finding a welcome to the revised second edition which appears at this time.

The entire book has been rewritten and revised in accordance with present standards, and one chapter, wholly new, has been incorporated, on the advantage of treatment in sanitaria, with a description of the routine of daily life in such institutions. The book is not a treatise on the treatment of tuberculosis, concerning itself entirely with the matter indicated in the title and forming a particularly excellent book of reference for the nursing and care of consumptive patients.

The greatest effort is being made to make the public generally acquainted with the grave importance of adhering to a strict hygienic rule of life in order to avoid contracting or spreading what is popularly known as the "great white plague." The present work is particularly happy in the way it presents a rule of hygiene—the reasons for it, and the almost certain result of neglecting it.

OBSTETRICS FOR NURSES. By Joseph B. DeLee, A.M., M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition, 12mo of 512 pages, fully illustrated. Price, $2.50 net. W. B. Saunders Co., Philadelphia and London.

Sometimes it happens that a book is so good it can't be improved upon and this is about the case with the third edition of Dr. DeLee's "Obstetrics for Nurses," already a classic in the nurse training schools of America. It is too well known to need anything but a cordial word of welcome.

ISABEL MCISAAC is preparing a new edition of "Hygiene for Nurses," adapted for the use of high schools. An introductory chapter on bacteria will be added.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON GENERAL FOR THE MONTH ENDING DECEMBER 14, 1908.

BECHTLE, CARRIE, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on January 5, 1909.

BURNS, SOPHY MARY, graduate of the Pasadena Hospital, Pasadena, California, class of 1907; post-graduate course of six months in the Cook County Hospital, Chicago, Ill.; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

DETWEILER, LULU HORN, graduate of the Medico-Chirurgical Hospital, Philadelphia, 1907; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Zamboanga, Mindanao, to Jolo Jolo, P. I., for temporary duty.

JORGENSEN, MARIE, on duty at General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on January 5, 1909.

KEE, MAUDE B., arrived in the Philippines Division October 13, assigned to duty at the Division Hospital, Manila, P. I.

LATIMER, JUNIA HATTIE, transferred from Zamboanga to Camp Keithley, Mindanao.

LOGAN, MARIE ELDRED, graduate of the Western Pennsylvania Hospital, 1908; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

NORDHOFF, PAULA E., arrived in the Philippines Division October 13; assigned to duty at the Division Hospital, Manila.

RIEDY, JOSEPHINE, transferred from the Division Hospital, Manila, to the United States, and assigned to duty at General Hospital, Presidio of San Francisco.

ROTHFUSS, EMMA, transferred from the Division Hospital, Manila, to Camp Stotsenburg, Pampanga, P. I., for temporary duty.

WILLIAMSON, ETHEL SELINA, graduate of the New York City Training School, Blackwell's Island, 1908, and three months in the Pasadena Hospital, Pasadena, California; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

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